

# Exploring Behavioral Health Integration through Data

Mental Hygiene Administration Annual  
Conference

May 14, 2014

Revised May 28, 2014

# **Public Mental Health System (PMHS)**

## **Overview**

# Public Mental Health System (PMHS)

- Serves, pays claims for Medical Assistance Eligible and select uninsured individuals
  - No Medicare (unless service not covered)
  - No Private Insurance
- Administrative Services Organization (ASO)
  - Authorizes all non-emergency services
    - Based on MHA established medical necessity criteria
  - Processes all PMHS claims
  - Submits to Medical Assistance for FFP

# PMHS Consumers Served, FY 2013

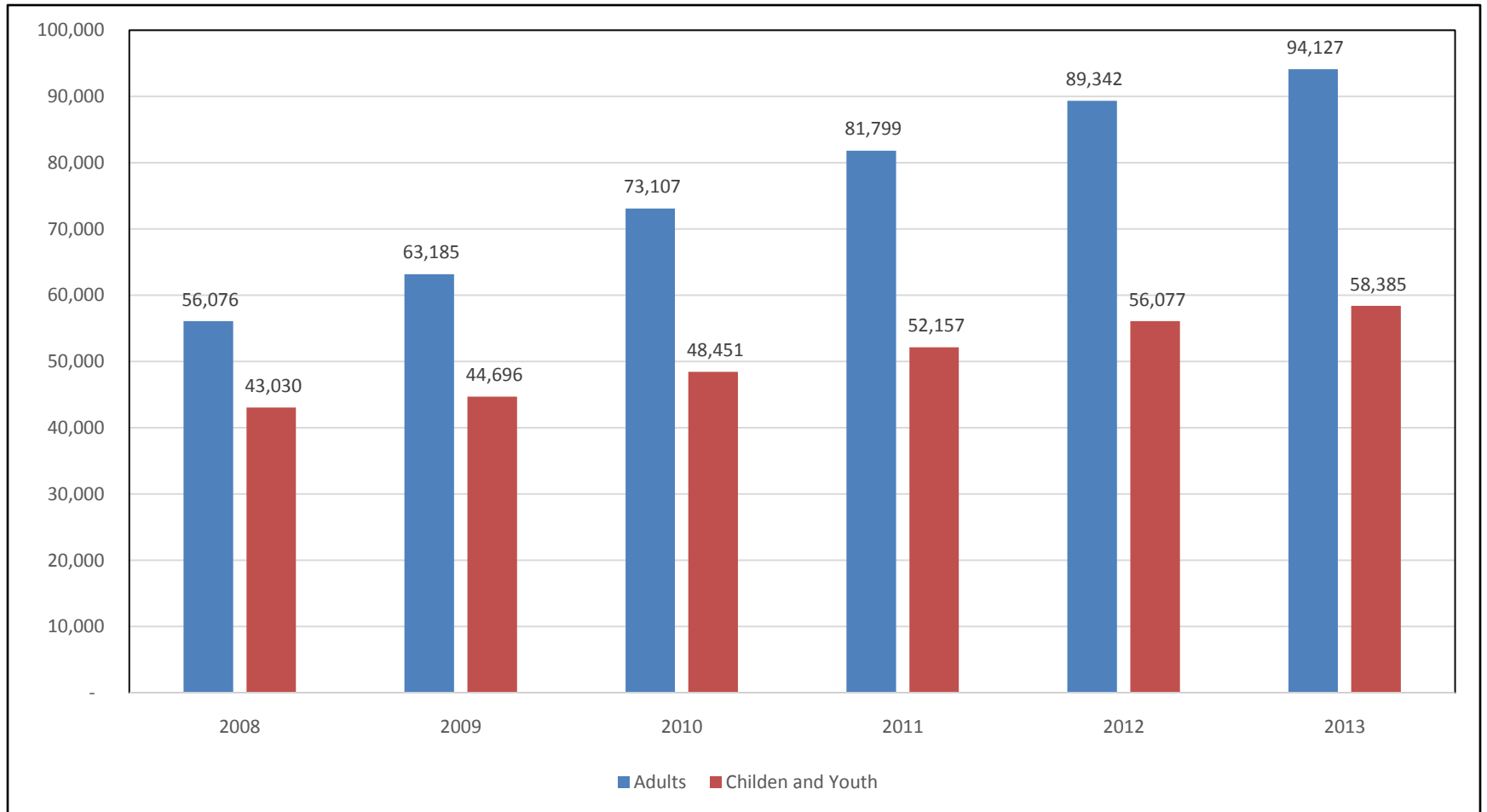
- Over 152,000 People Served in FY 2013
  - 38% under age 18, 62% ages 18 and older
    - 45% ages 21 and under
  - 93% Medical Assistance, 7% Uninsured
  - \$667 million in claims payments
    - 90% Medical Assistance, 10% State Only
- About 1,800 people served yearly in 5 psychiatric hospitals, 2 RTCs; about 1,000 are resident each day
- Local Services through Core Service Agencies
  - \$50 million in service and grant funds
- Current Analysis
  - Claims paid on behalf of 109,686 consumers ages 15 and over

# **Managed Fee-For-Service System**

## **FY 2013 Data**

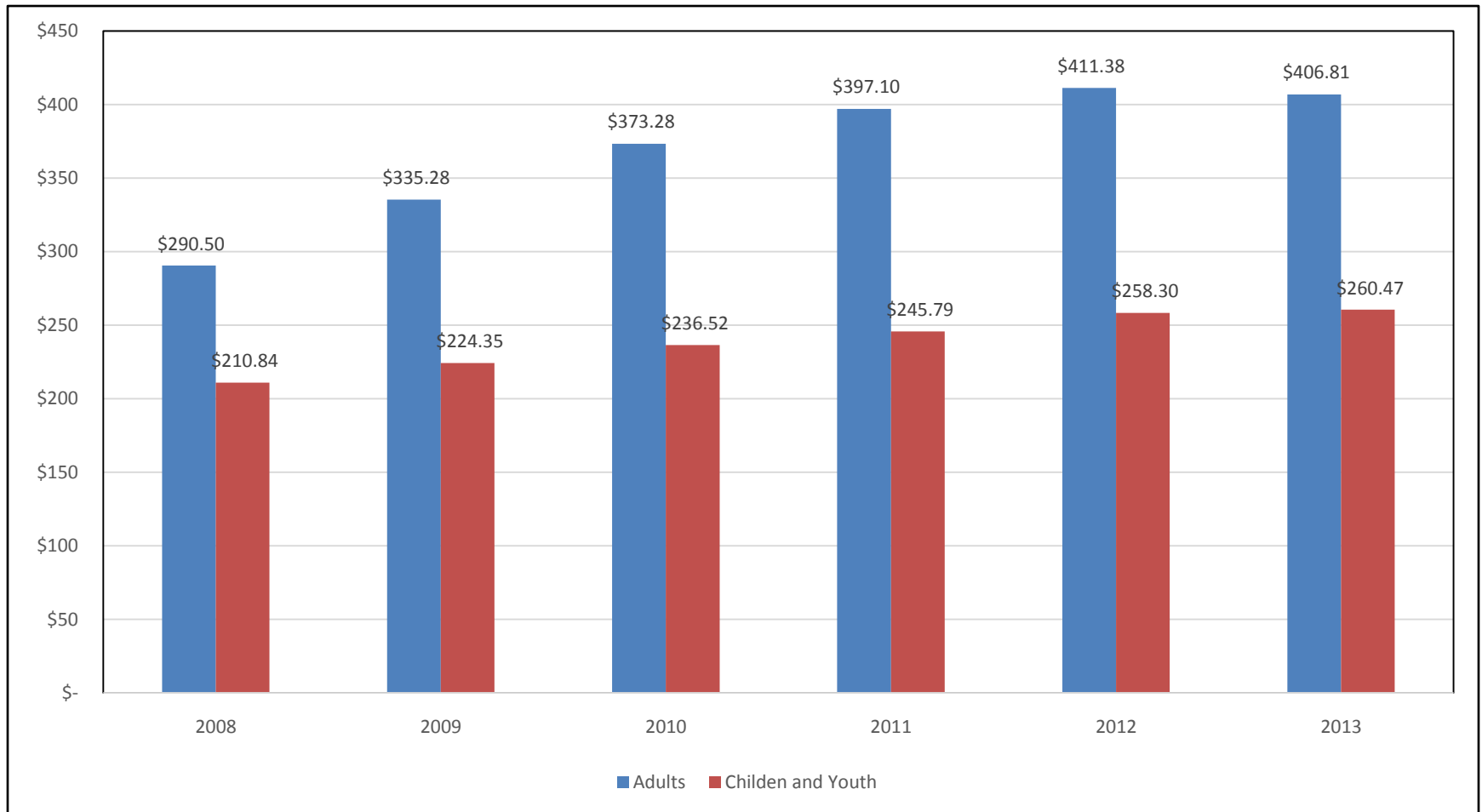
# People Served

## FY 2008 to FY 2013



# Expenditures in Millions of Dollars

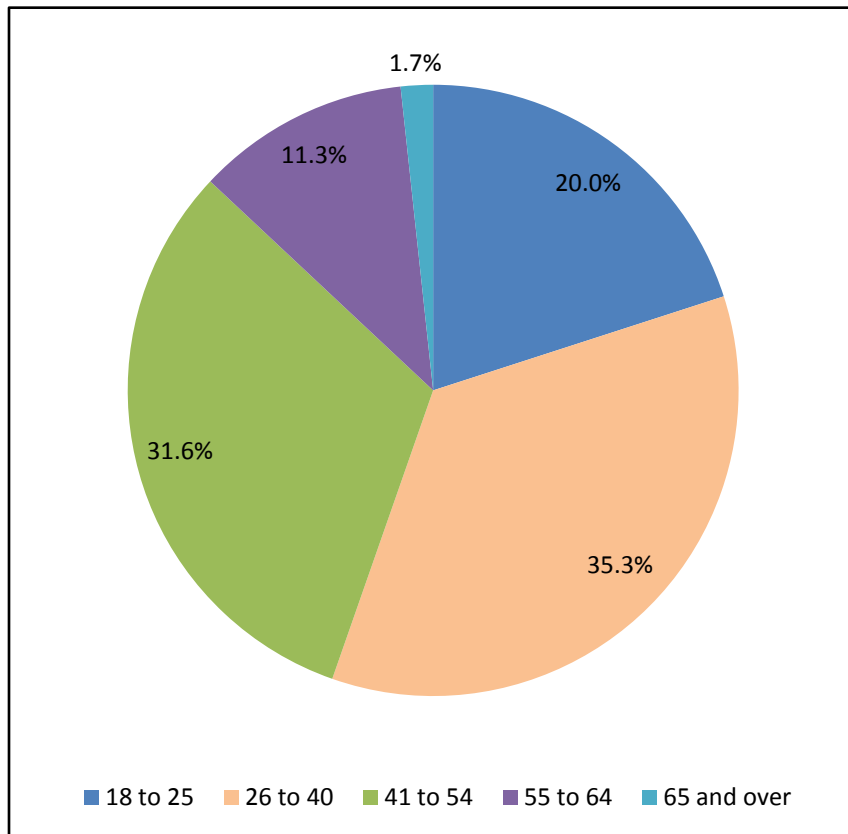
FY 2008 to FY 2013



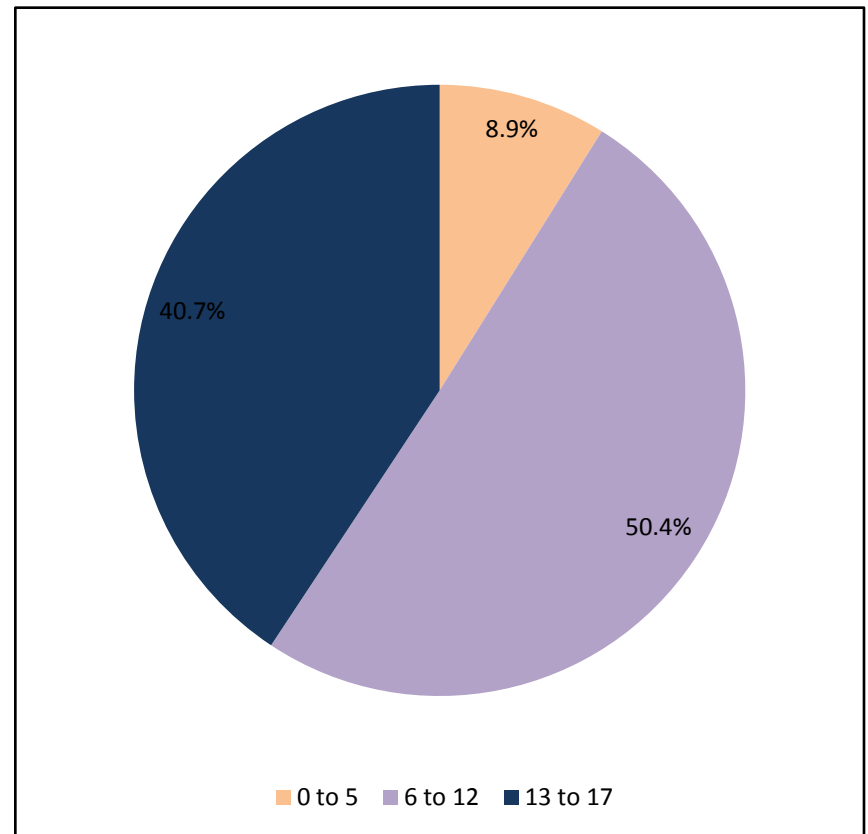
# FY 2013 PMHS Demographics

## Age

### Adults



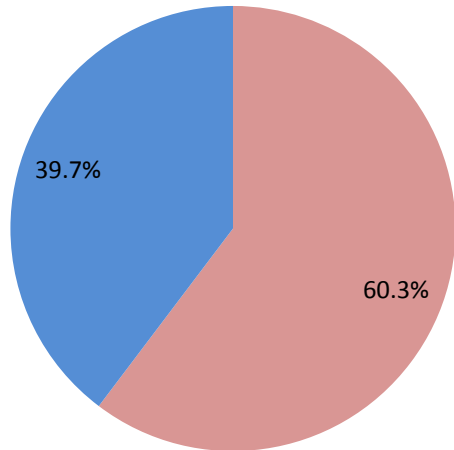
### Children and Youth



# FY 2013 PMHS Demographics

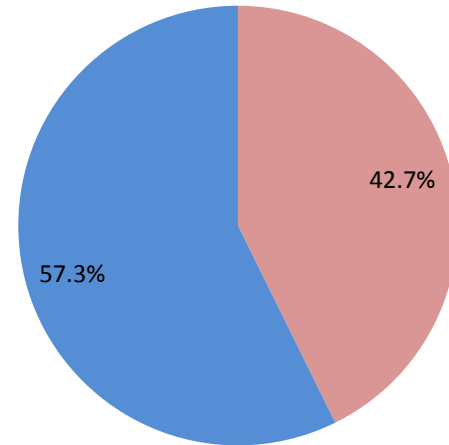
## Gender

### Adults



Female Male

### Children and Youth

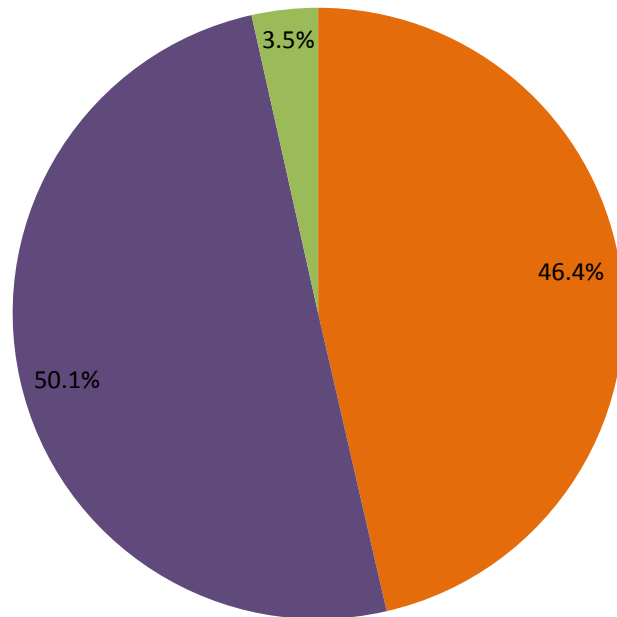


Female Male

# FY 2013 PMHS Demographics

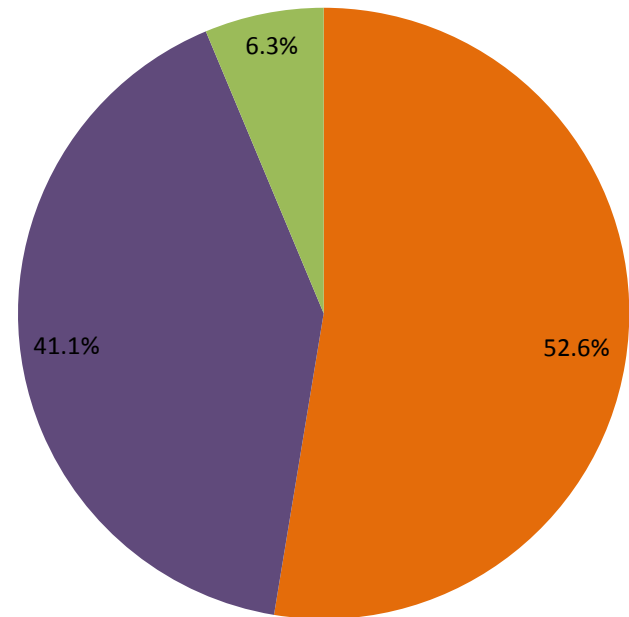
## Race

### Adults



■ Afr.Amer. ■ White ■ Other

### Children and Youth

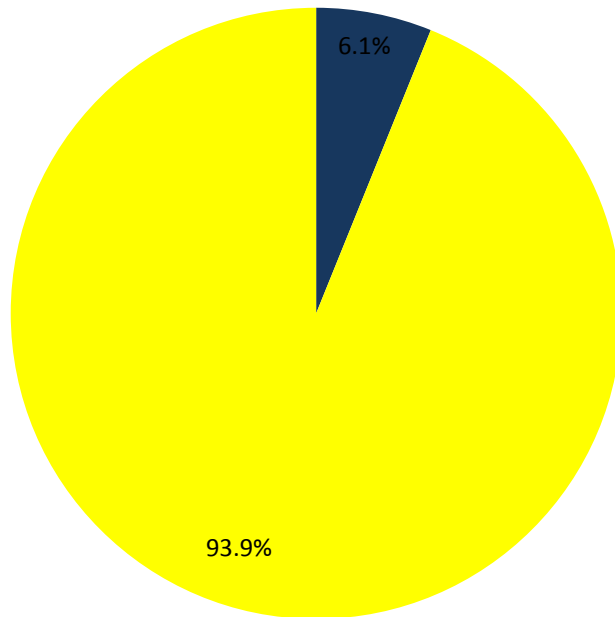


■ Afr.Amer. ■ White ■ Other

# FY 2013 PMHS Demographics

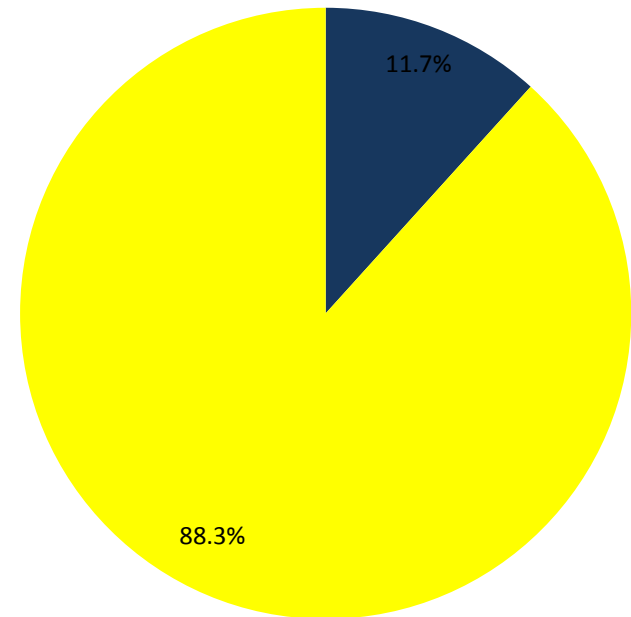
## Ethnicity

### Adults



■ Hispanic ■ Non-Hispanic

### Children and Adolescents



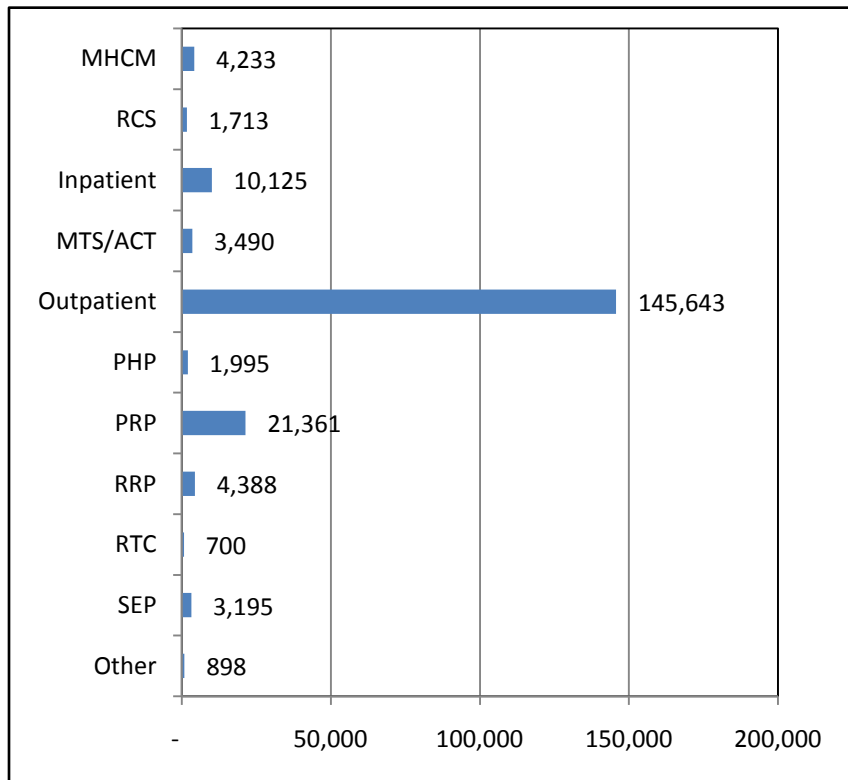
■ Hispanic ■ Non-Hispanic

# PMHS Services

- Mental Health Case Management (MHCM)
- Residential Crisis Services (RCS)
- Inpatient
- Mobile Treatment Services/Assertive Community Treatment (MTS/ACT)
- Outpatient
- Partial Hospitalization Program (PHP)
- Psychiatric Rehabilitation Program (PRP)
- Residential Rehabilitation Program (RRP)
- Residential Treatment Center (RTC)
- Supported Employment Program (SEP)

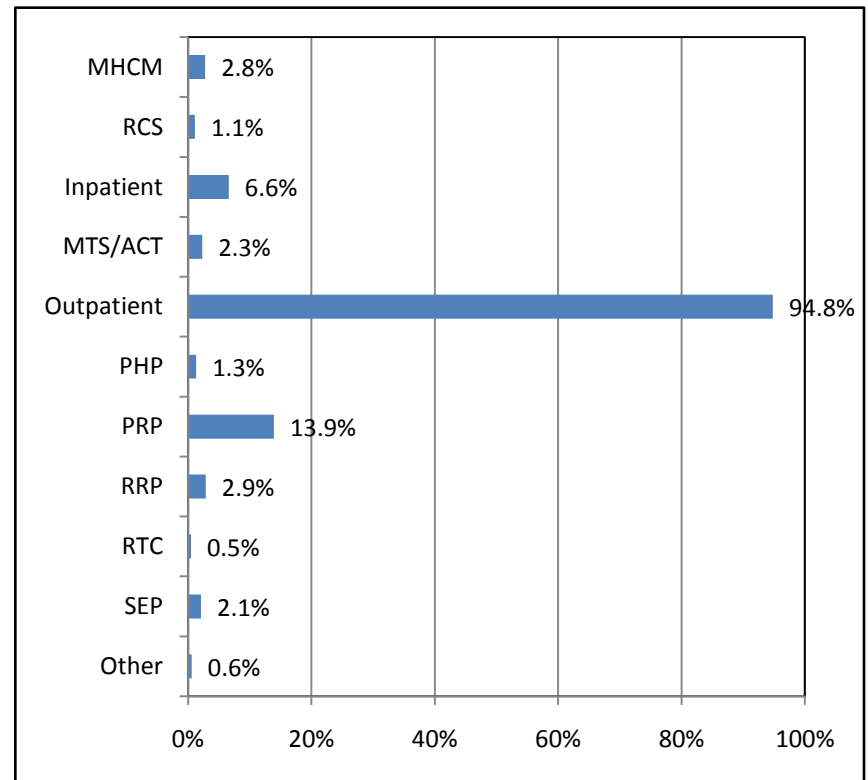
# FY 2013 People Served

## Total by Service Category



Total unduplicated number is 143,645. Sum exceeds this number because people may receive more than one service.

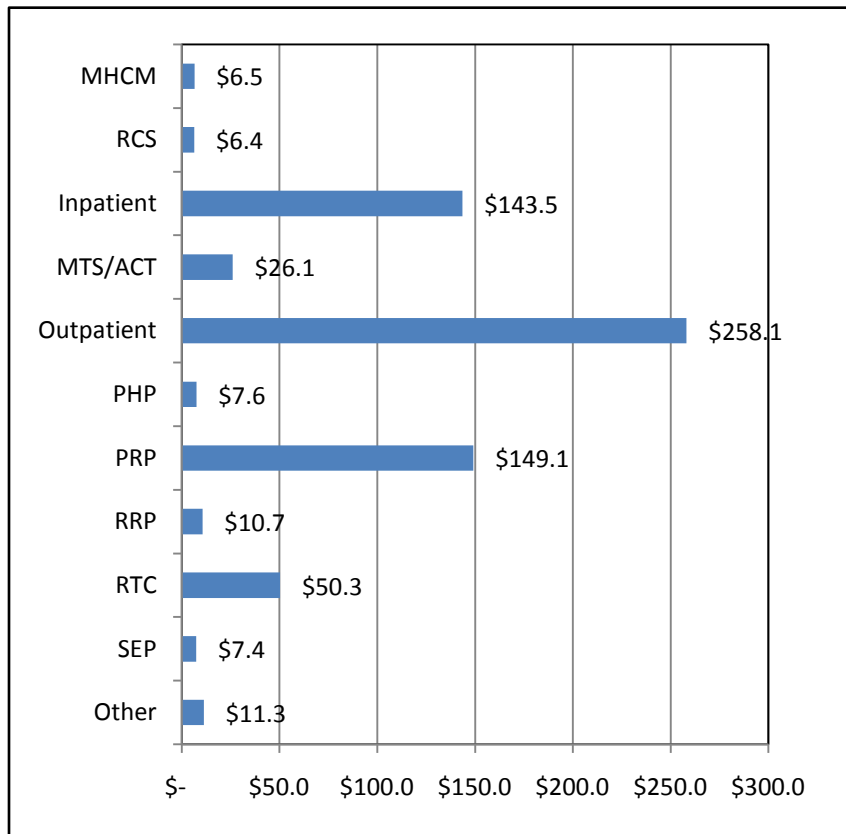
## Percent by Service Category



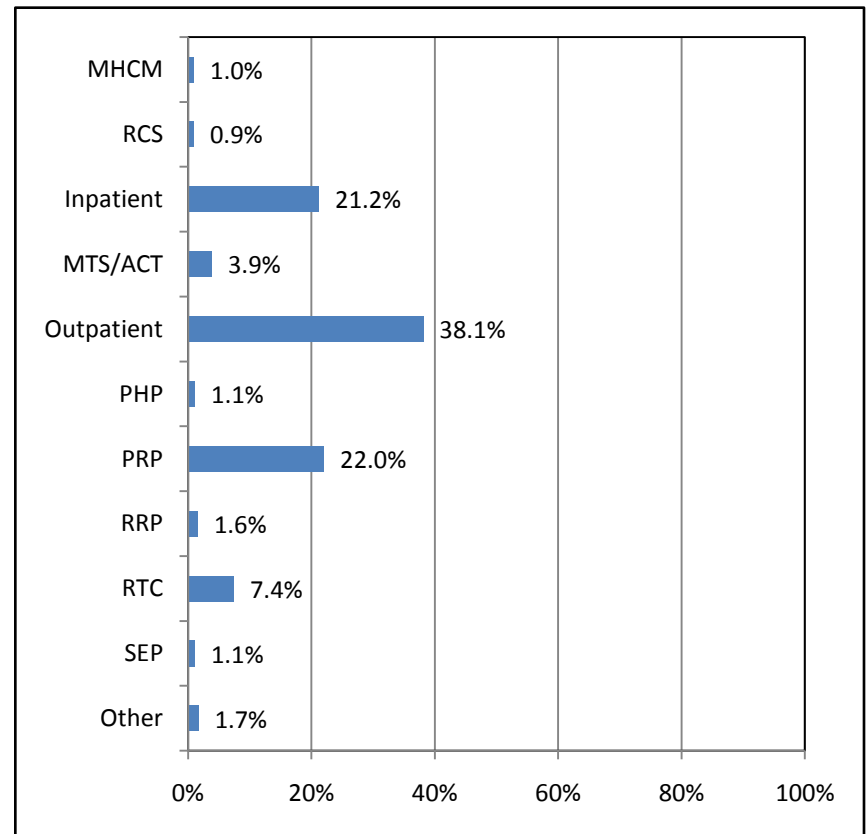
Sum exceeds 100% because people may be in more than one service.

# FY 2013 Service Expenditures

## Millions of \$ By Service Category



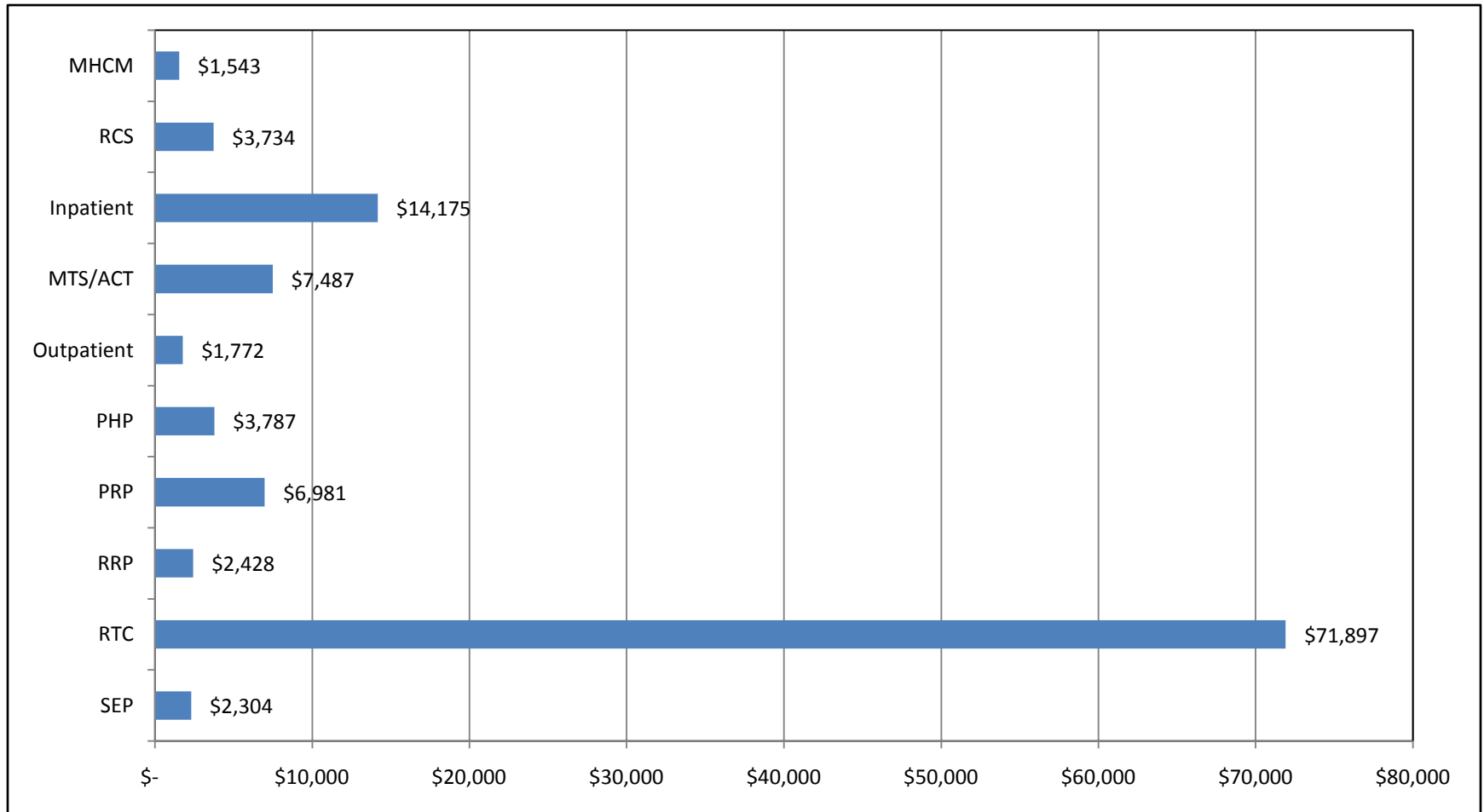
## Percent of \$ by Service Category



Total Expenditures: \$667 Million

# FY 2013 PMHS Services

## Cost per Person Served by Service



# **State Psychiatric Facilities**

## **FY 2013 People Served**

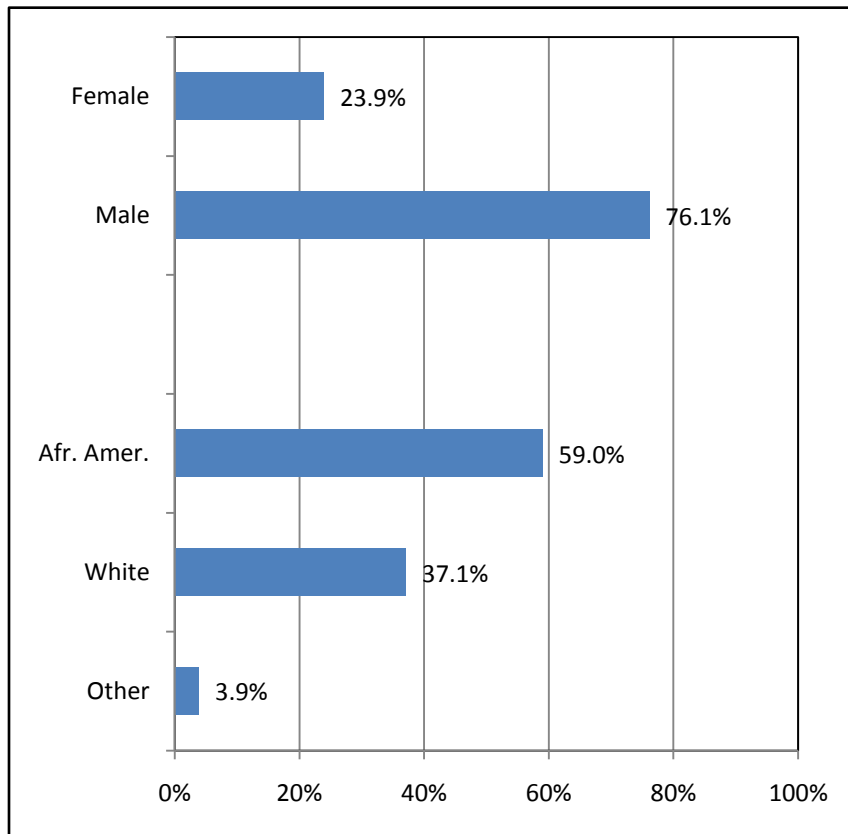
# State Psychiatric Facilities

## FY 2013 Average Daily Population

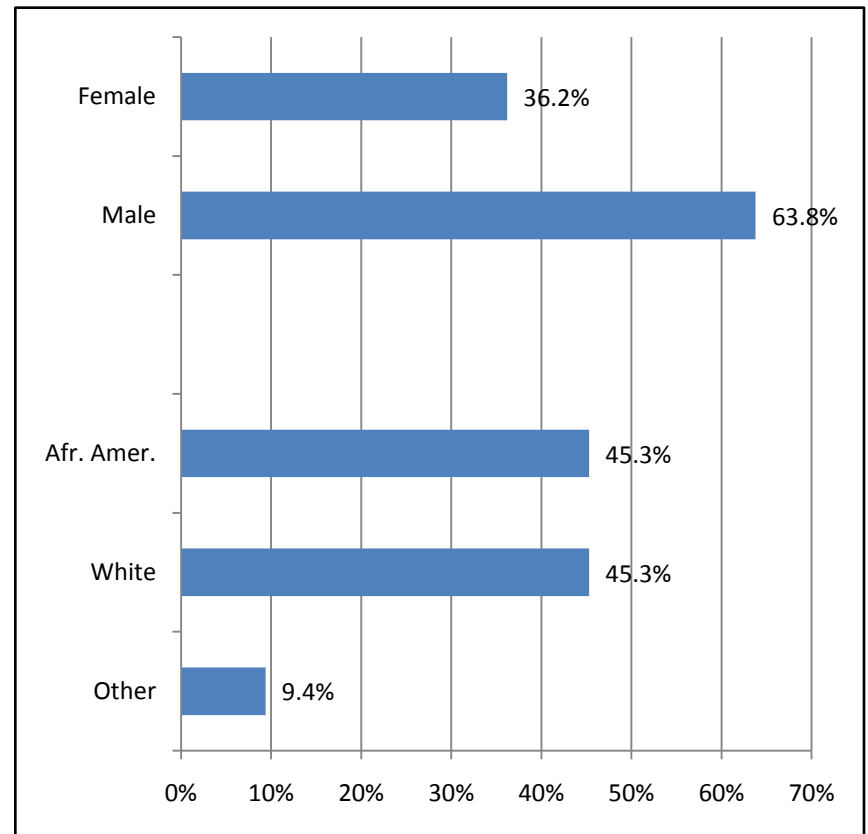
- Eastern Shore Hospital Center - 59
- Springfield Hospital Center - 231
- Spring Grove Hospital Center - 354
- Thomas B. Finan Center - 66
- Clifton T. Perkins Hospital Center -238
  - Maximum Security
- Regional Institute for Children and Adolescents-Baltimore - 31
- John L. Gildner RICA Montgomery-20

# State Psychiatric Facilities

## Adults



## Children and Youth



# **Alcohol and Drug Abuse Administration Overview**

# Defining Treatment Levels of Care

**Early Intervention (0.5) –** Outpatient counseling for individuals who do not meet criteria for a substance-use disorder, but who are at high risk for alcohol or other drug problems (e.g., DUI patients, school based early intervention).

**Level I - Outpatient Treatment (I) –** Nonresidential, structured treatment services for less than nine hours a week per patient. Examples include office practice, health clinics, primary care clinics, mental health clinics, and “step down” programs that provide individual, group and family counseling services. Detoxification services are delivered in Level I.D.

**Opioid Maintenance Therapy (I-OMT) –** Medication-assisted treatment specific to opioid addiction. Patients are medically supervised and engaged in structured clinical protocols. Services are delivered under a defined set of policies, procedures and medical protocols. Methadone maintenance programs are an example of this level of care. Detoxification services are delivered in Level OMT.D.

**Level II - Intensive Outpatient (II.1) –** A structured therapeutic milieu in an outpatient setting that delivers nine or more hours of structured treatment services per patient, per week.

**Partial Hospitalization (II.5) -** Provides each patient with 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have pre-defined access to psychiatric, medical and laboratory services. Detoxification services are delivered in Level II.D.

**Level III - Clinically Managed Low Intensity Residential Treatment (III.1) - Provides Level I treatment services to patients in a residential setting such as a halfway house.**

**Clinically Managed Medium Intensity Residential Treatment (III.3) - Programs provide a structured recovery environment in combination with clinical services ; for example, a therapeutic rehabilitation facility offering long -term care.**

**Clinically Managed High Intensity Residential Treatment (III.5) - A structured therapeutic community providing a recovery environment in combination with intense clinical services, such as a residential treatment center.**

**Medically-Monitored Intensive Inpatient Treatment (III.7) - Programs offering a planned regimen of 24 hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting,Care is delivered by an interdisciplinary staff to patients whose subacute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient care. Detoxification services are delivered in Level III.7.D.**

**Source: ASAM Patient Placement Criteria for the Treatment of Substance -Related Disorders, (Second Edition— Revised ): (ASAM PPG2R) April, 2001.**

# Methods of Funding Services

- ADAA provides funding for services through grants and contracts to private and non-profit providers and local health departments. Most dollars are allocated to local health departments that either provide services directly or contract with community-based provider organizations.

# Allocation of Funds

- 24 Local Jurisdictional Grant Awards for Prevention, Treatment and Recovery Support Services (SAPT Block Grant and General Funds, 111.1 million)
- Supplemental grants to jurisdictions for Recovery Support Services, including Recovery Housing
  - Funded and implemented Care Coordination in each jurisdiction beginning January 2012
- Operational Costs
- Transfer of Dollars to MA for PAC Expansion
- Statewide Residential Contracts
  - Pregnant Women and Women with Children
  - Criminal Justice Patients

# Sources of Funding

## – Federal Grants

- Substance Abuse Prevention and Treatment Block Grant
- Maryland's Strategic Prevention Framework (MSPF)
- Access to Recovery (ATR)
- Tobacco Enforcement

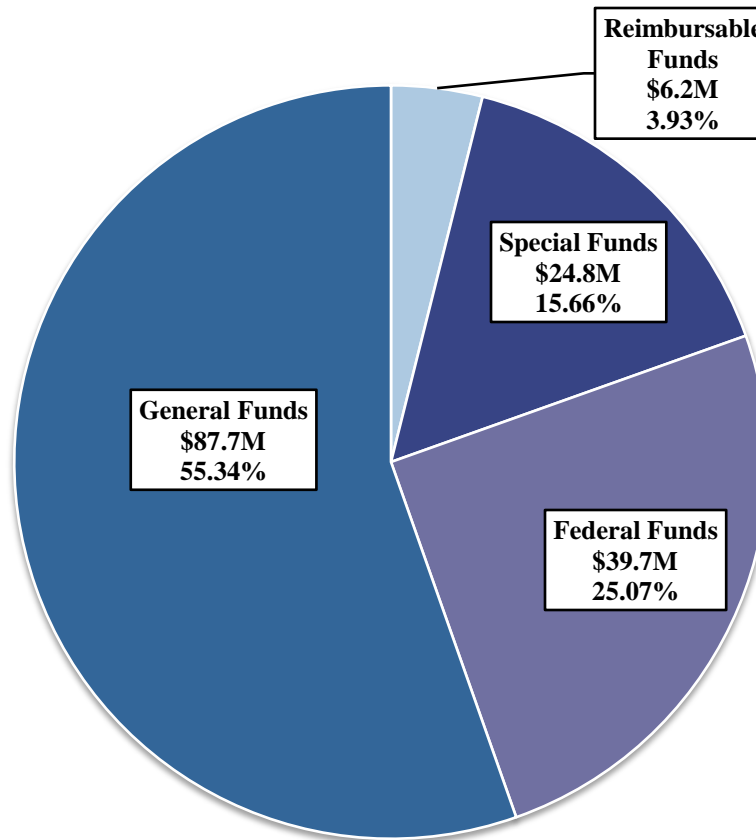
## – General State Funds

## – Special Funds

- VLT's Licensing fee

## – Reimbursable Funds

# ADAA Fiscal 2013 Budget

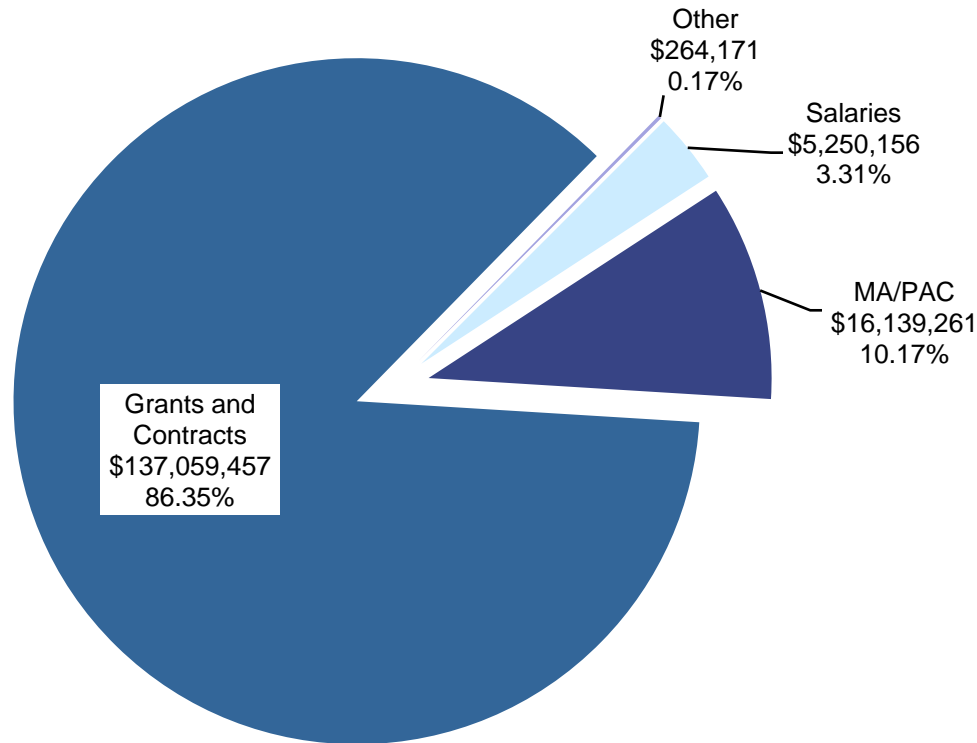


The fiscal 2013 budget for the ADAA is \$158,488,051

# Budget Changes for 2013

- \$5.2 million in new general funds for Recovery and Housing services
- Transfer of \$16.1 million in general funds to Medical Assistance Primary Adult Care (PAC) to fund substance use disorder treatment (increase of \$6.765 million from FY 2012)

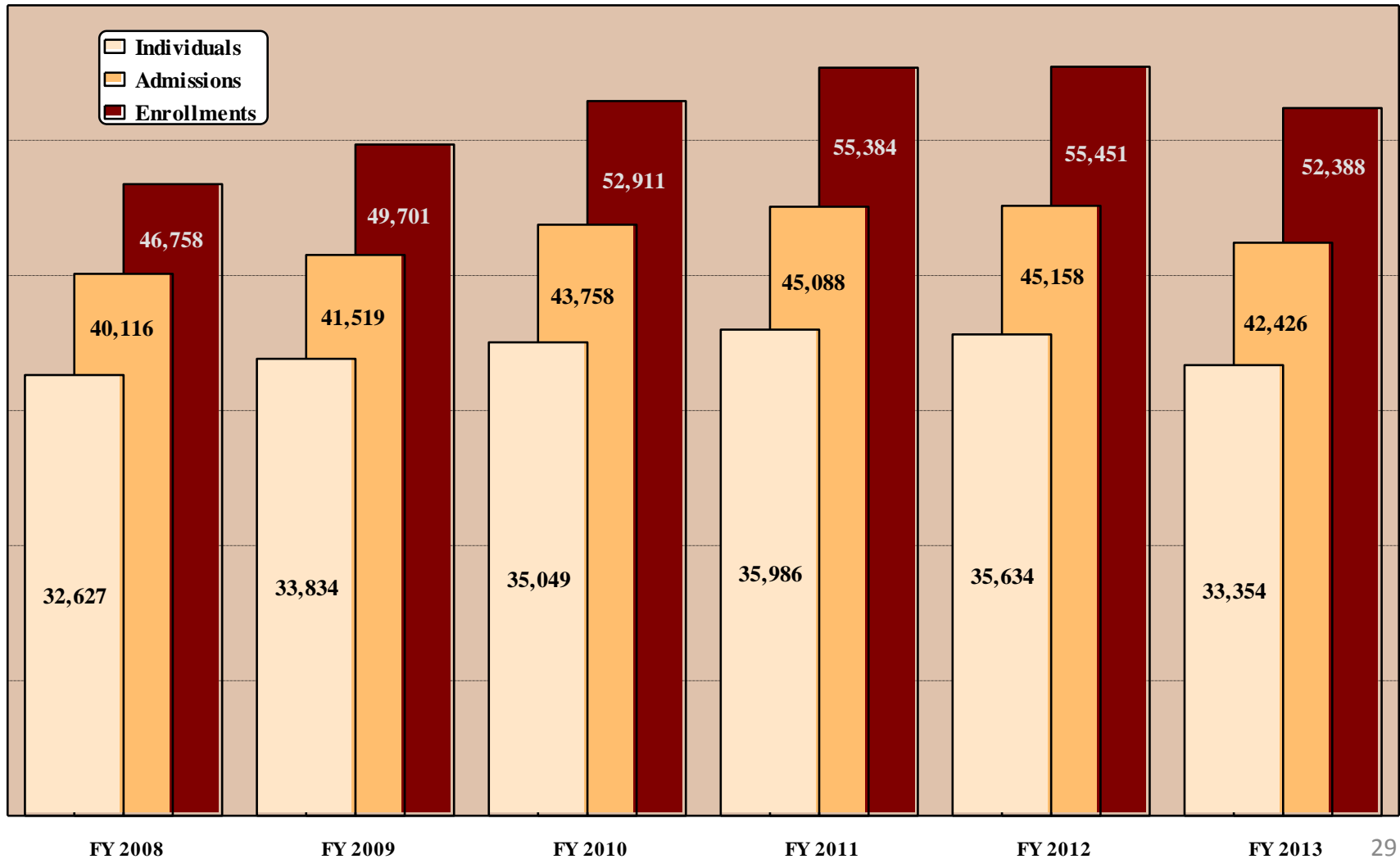
# ADAA Fiscal 2013 Expenditure Categories



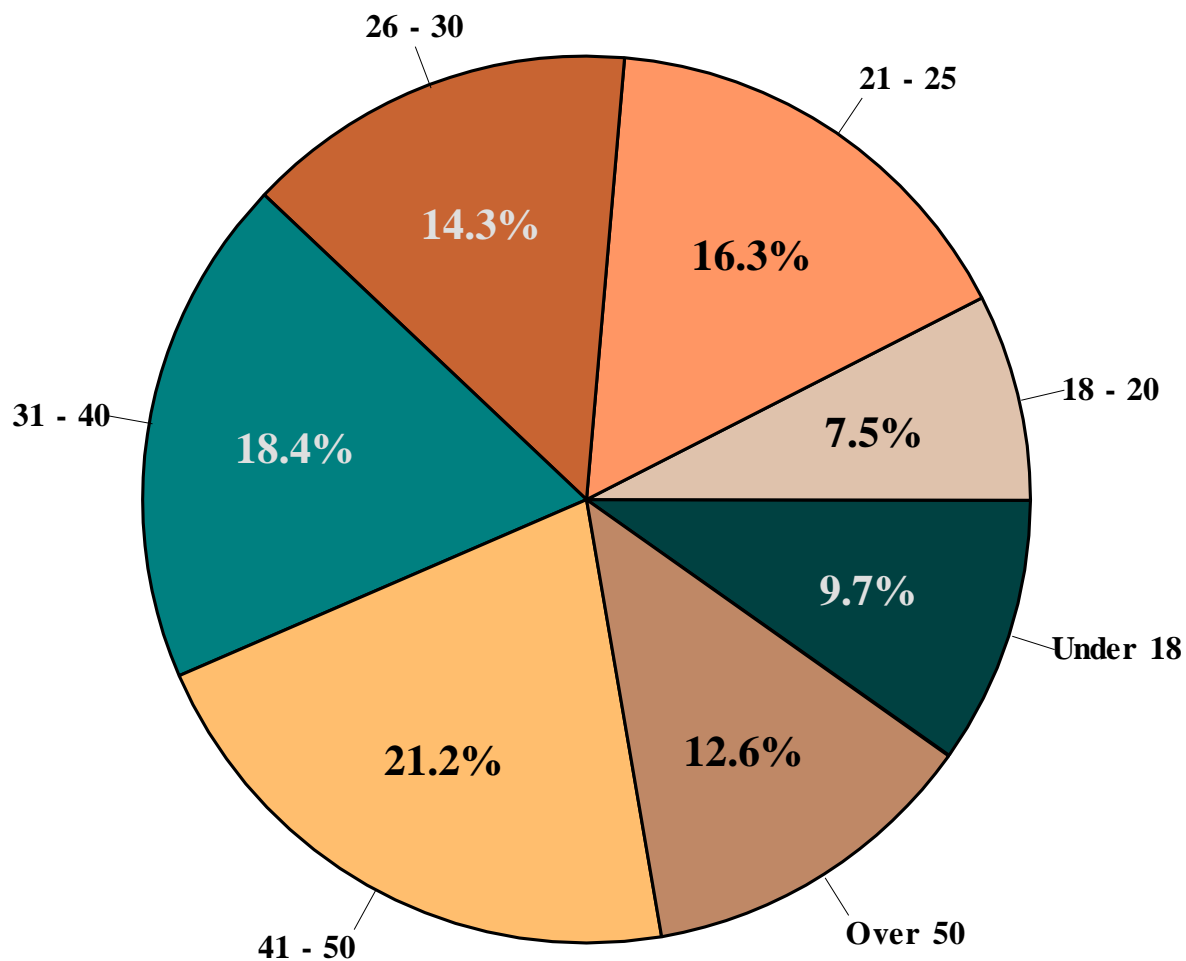
Grants and contracts comprise the majority of ADAA's spending, with these expenditures supporting substance use disorder treatment and prevention services. Salary expenditures support 68.5 full-time equivalent positions and 6.77 contractual positions.

# People Served by Funding from the Alcohol and Drug Abuse Administration

# Individual Patients, Admissions and Enrollments in State-Supported Substance Use Disorder Treatment Programs FY 2008 to FY 2013



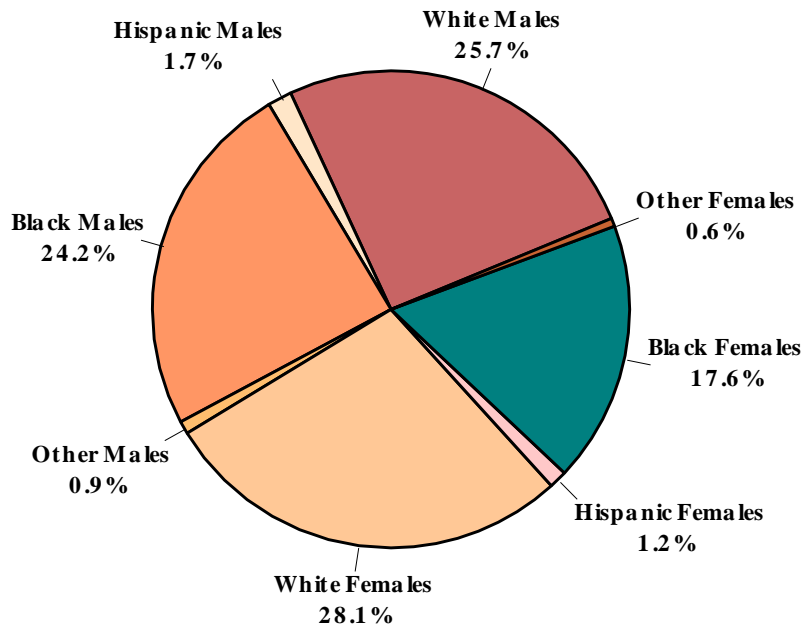
# Patient Age at Admission to State-Supported Substance Use Disorder Treatment Programs FY 2013



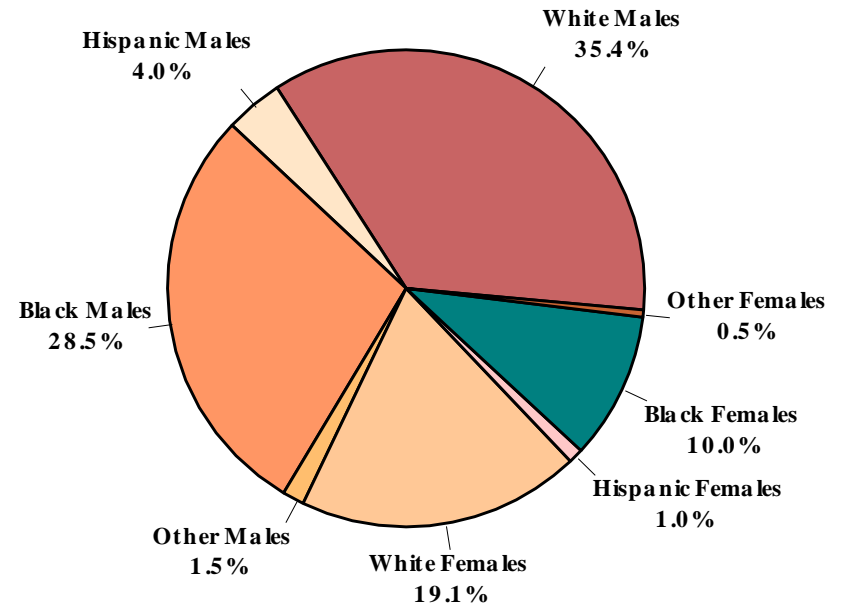
N = 43,525

# Race/Ethnicity/Gender at Admission to Substance Use Disorder Treatment Programs by Receipt of MH Services

## Patients Treated in SUD Programs during FY 2013

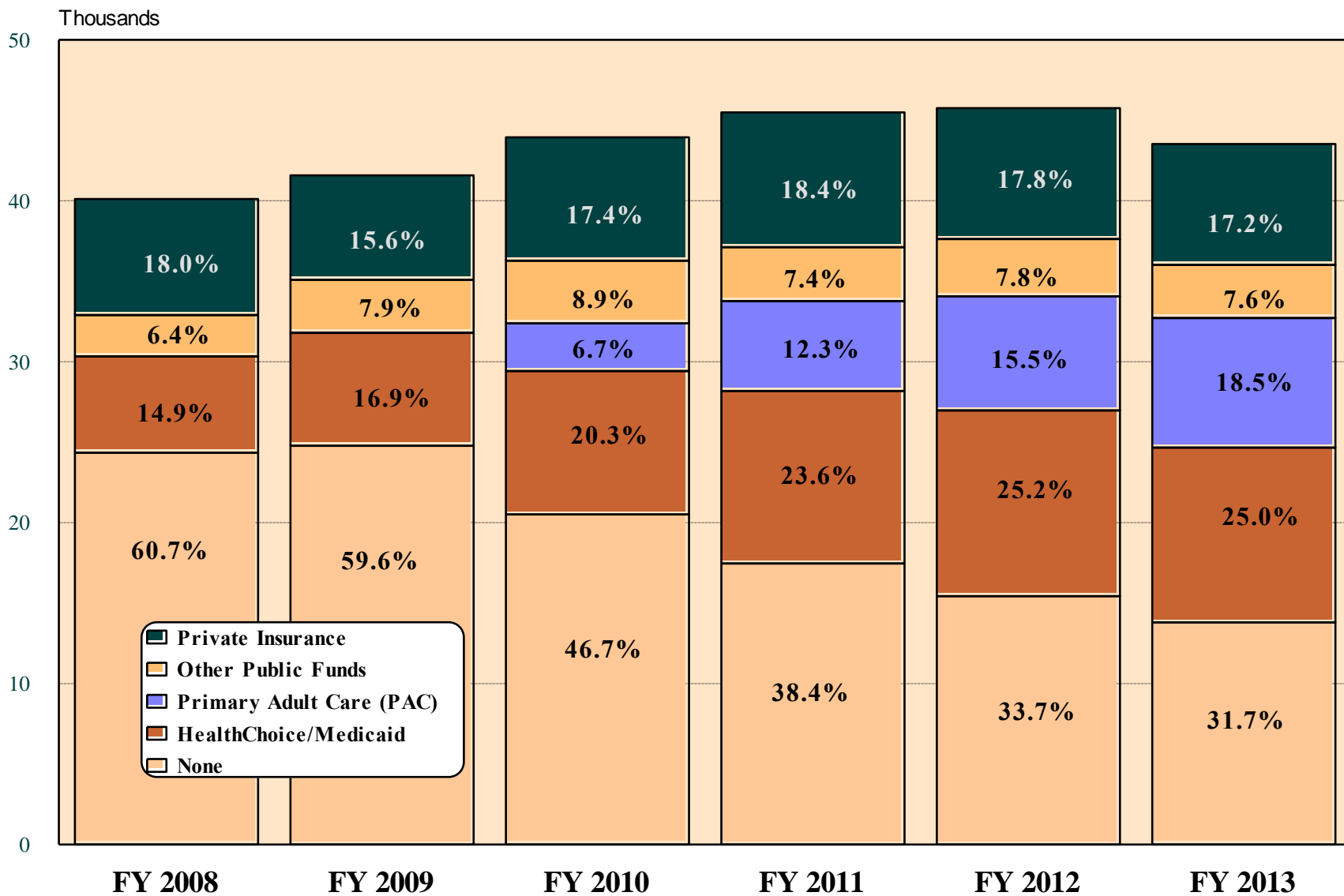


**MH Services  
Received  
N = 23,595**



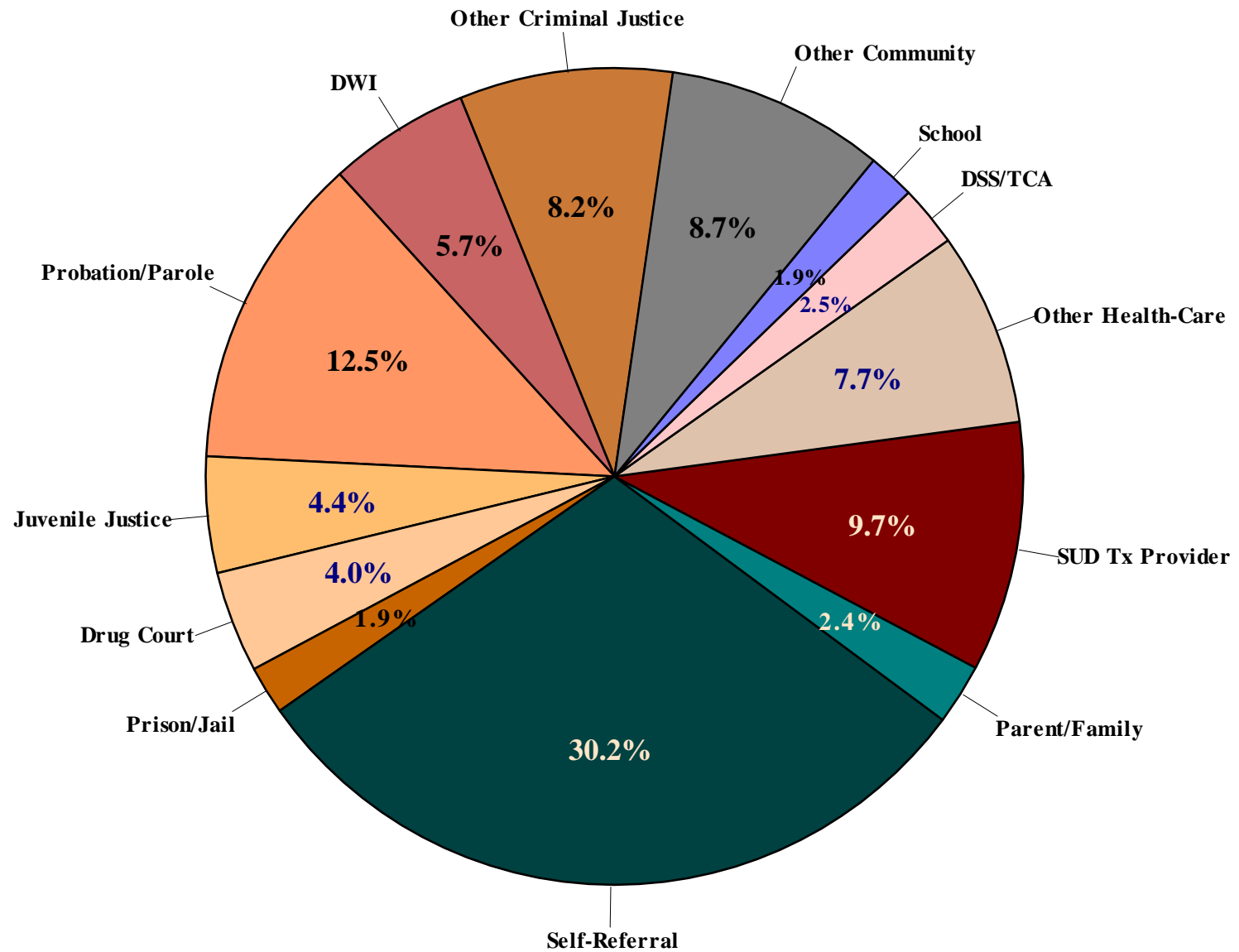
**No MH Services  
Received  
N = 60,970**

# Health Coverage\* of Admissions to State-Supported Substance Use Disorder Treatment Programs FY 2008 to FY 2013



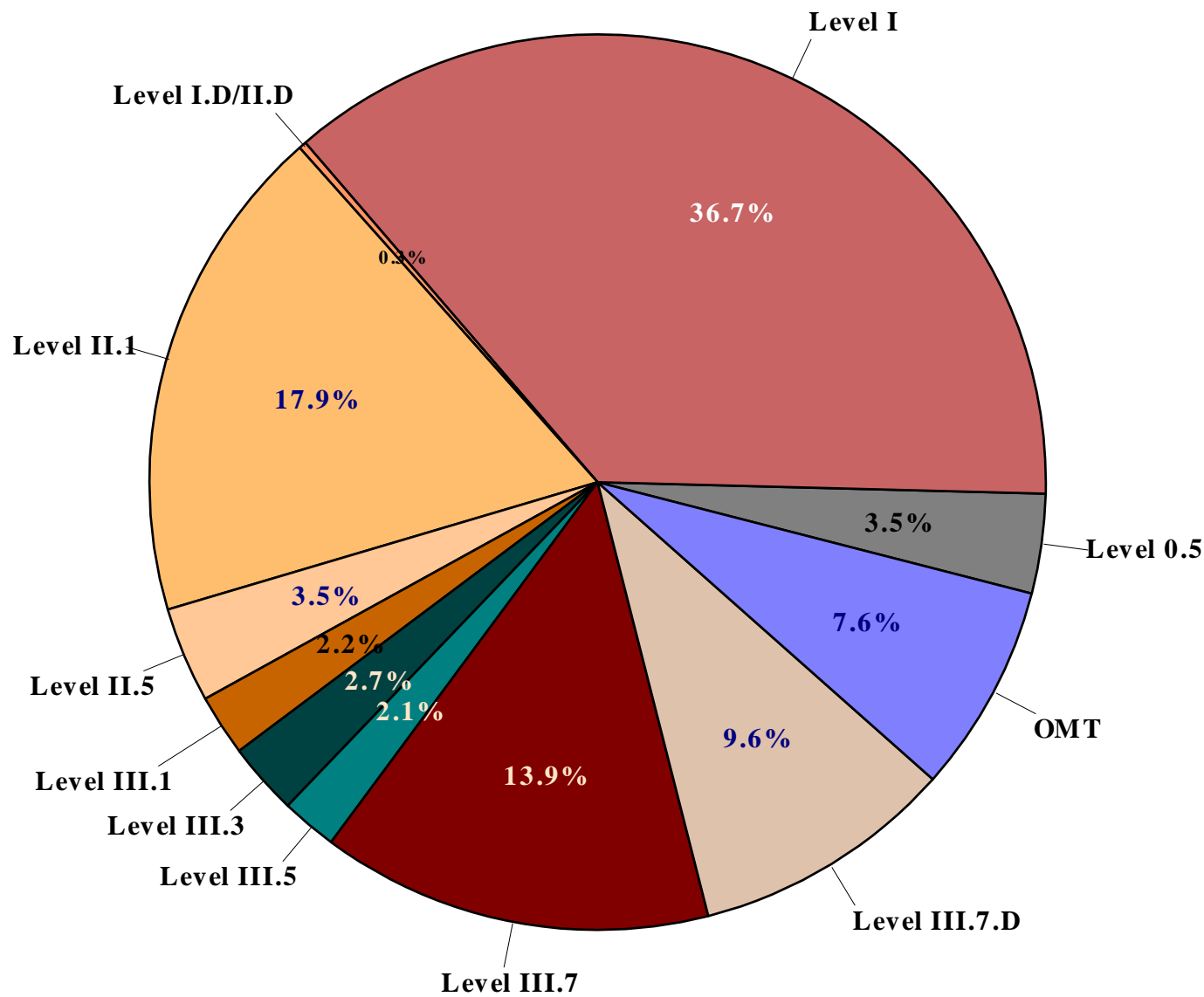
\*Not necessarily supporting the substance use disorder treatment

# Source of Referral to State-Supported Substance Use Disorder Treatment Programs FY 2013



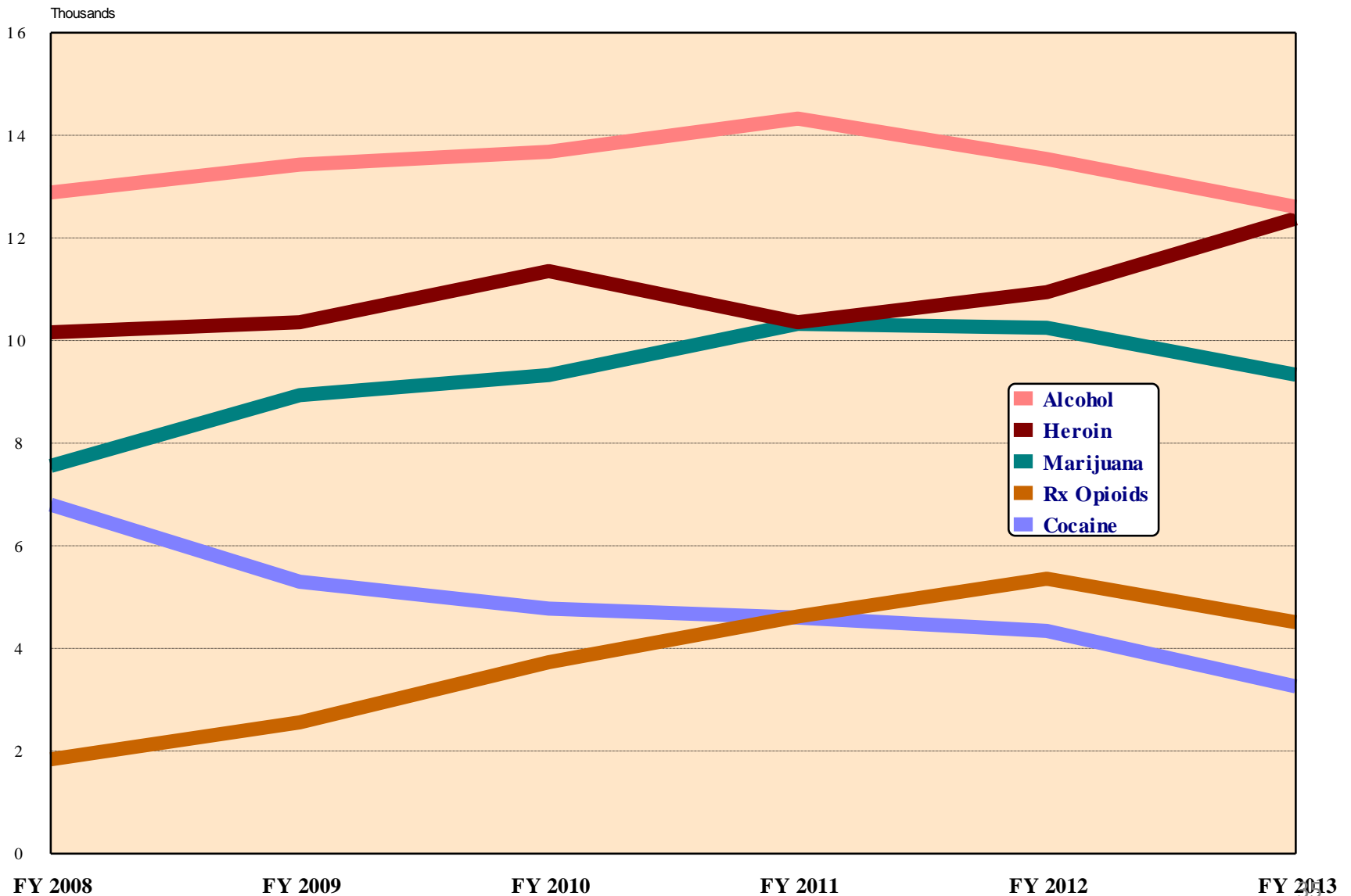
N = 43,431

# ASAM Level of Care for Enrollments in State-Supported Substance Use Disorder Treatment Programs FY 2013

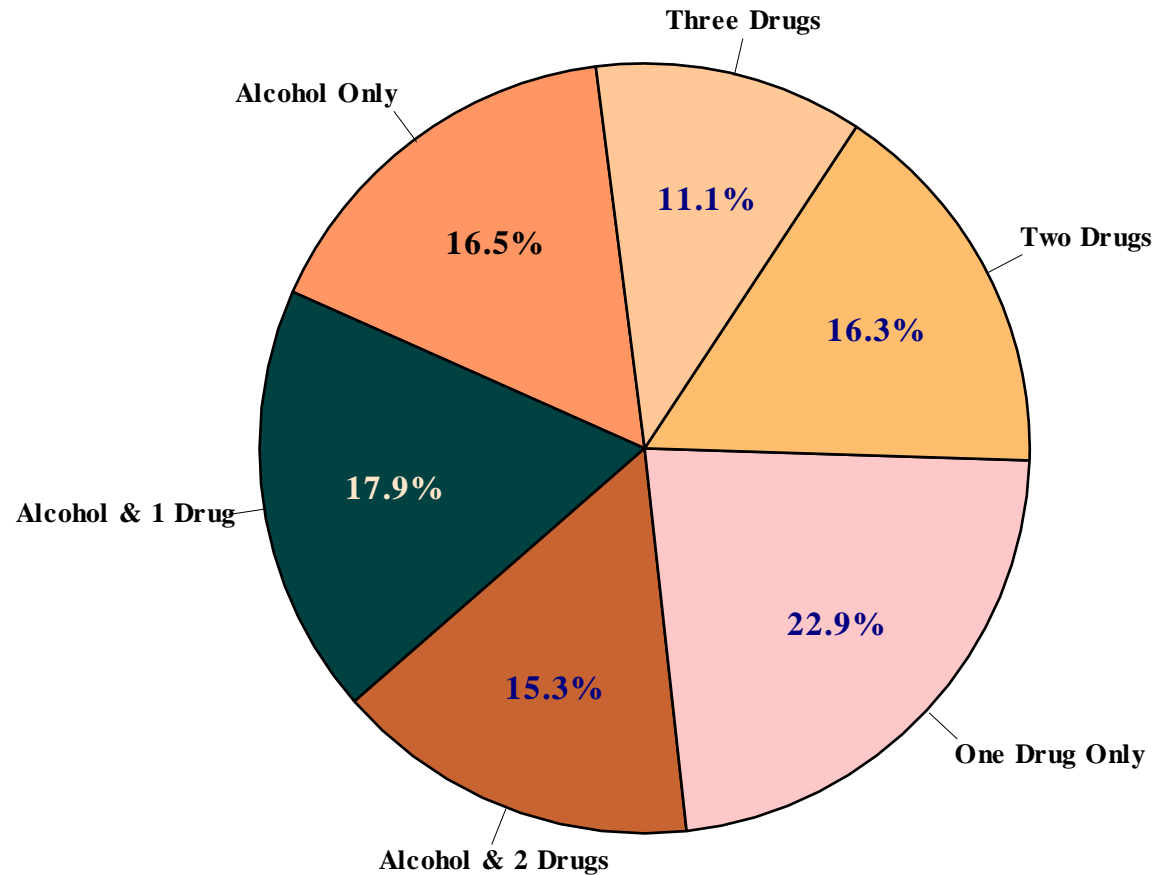


N = 53,667

# Leading Primary-Substance Problems for Admissions to State-Supported Substance Use Disorder Treatment Programs FY 2008 to FY 2012



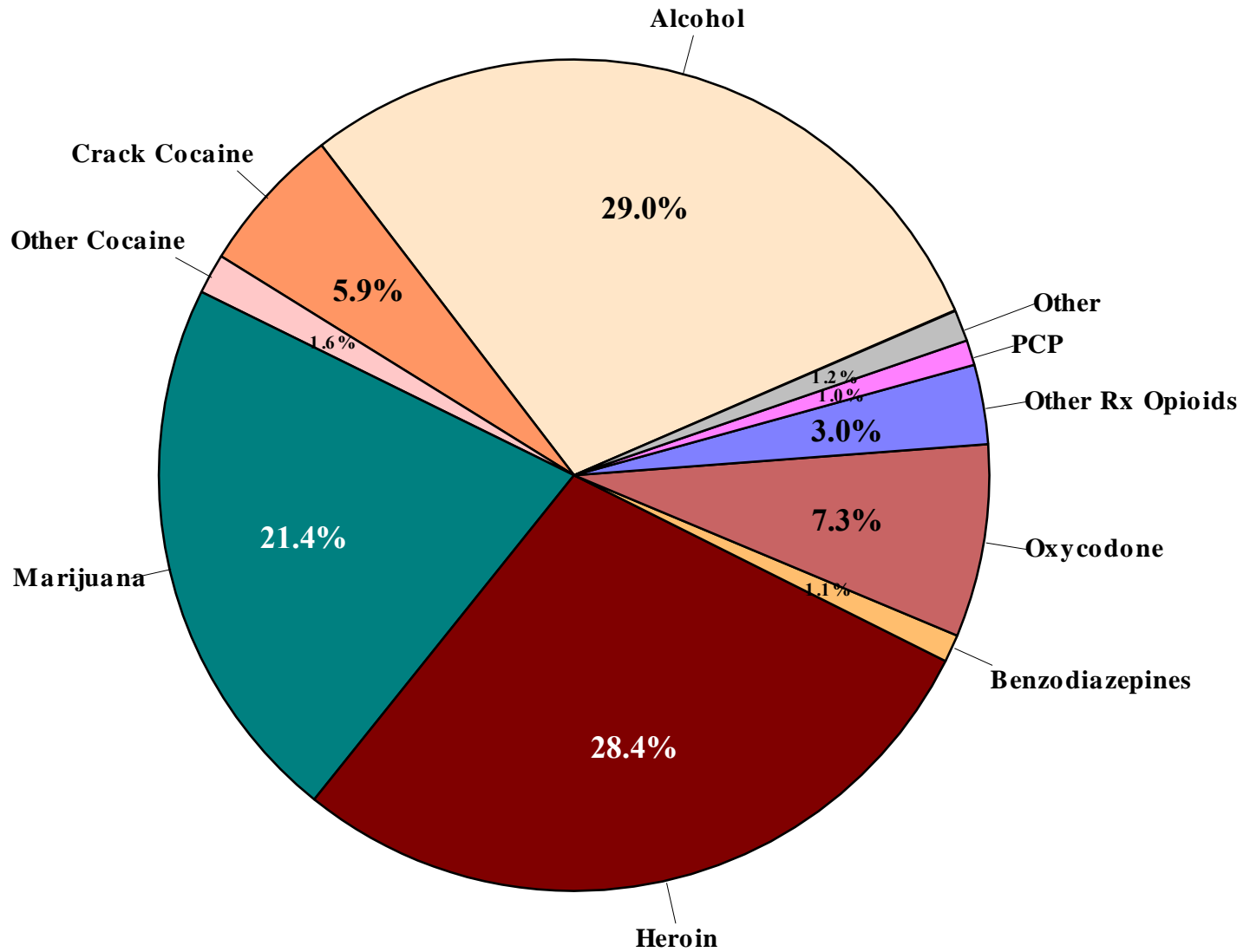
# Pattern of Substance Abuse Problems among Admissions to State-Supported Substance Use Disorder Treatment Programs FY 2013



N = 43,522

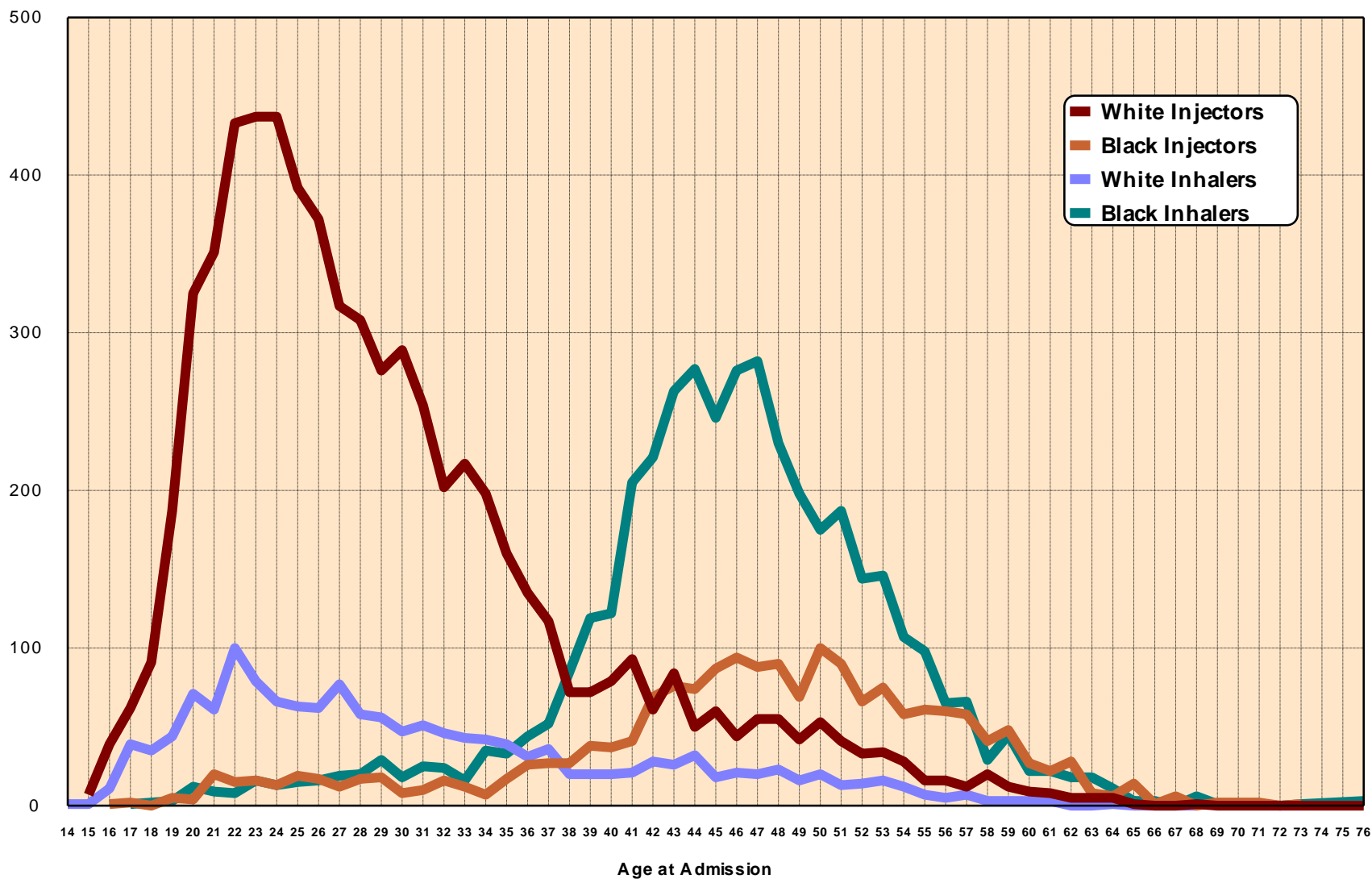
Note: Up to three substance problems may be reported for each admission.

# Primary Substance Problems of Patients Admitted to State-Supported Substance Use Disorder Treatment Programs FY 2013



N = 43,520

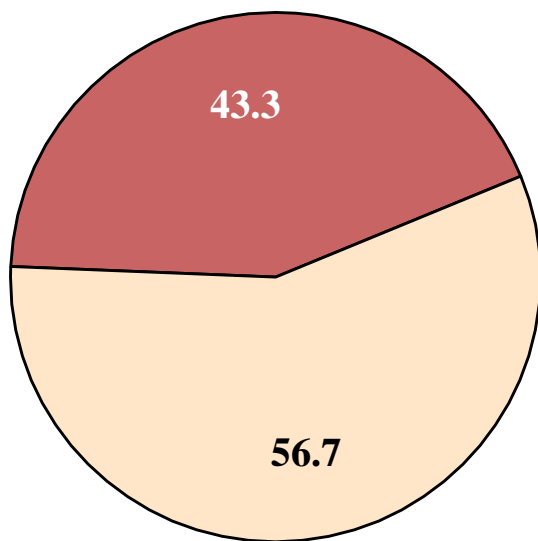
# **Heroin-Related Admissions\* to State-Supported Substance Use Disorder Treatment Programs** **Primary Route of Administration by Race and Age** **2013**



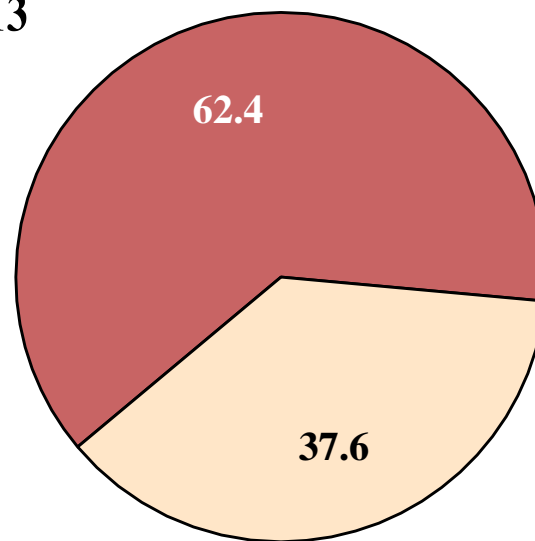
\*Up to three substance problems may be reported for each admission.

# Mental-Health Problem(s) and Race/Gender at Admission to State-Supported Substance Use Disorder Treatment Programs

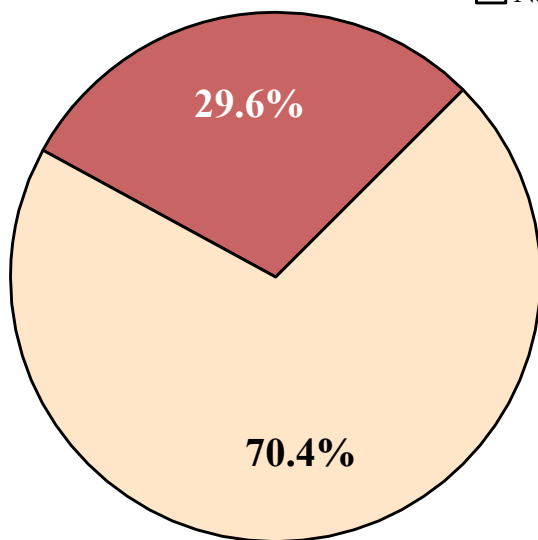
## FY 2013



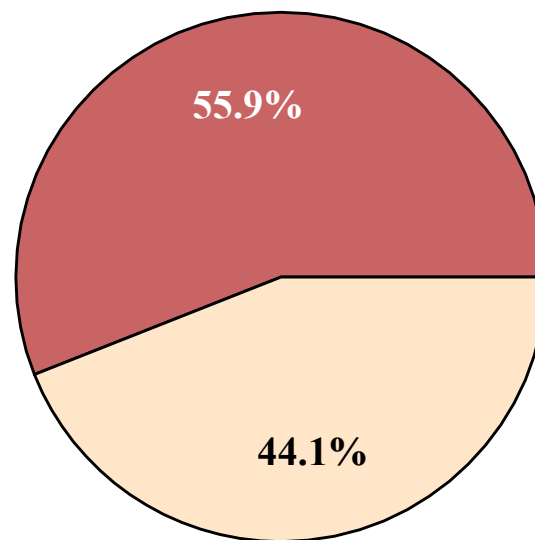
**White Males**



**White Females**



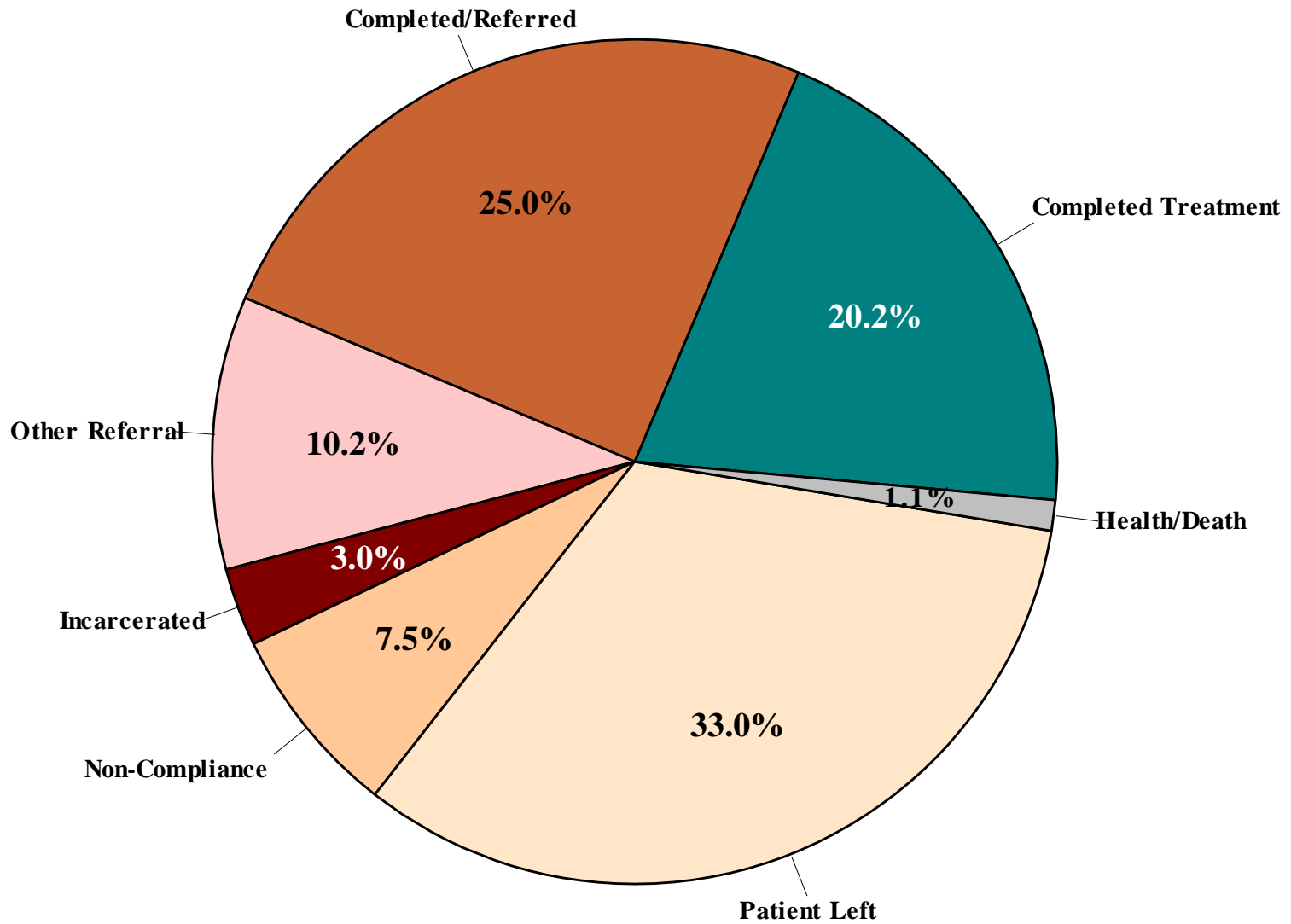
**Black Males**



**Black Females**

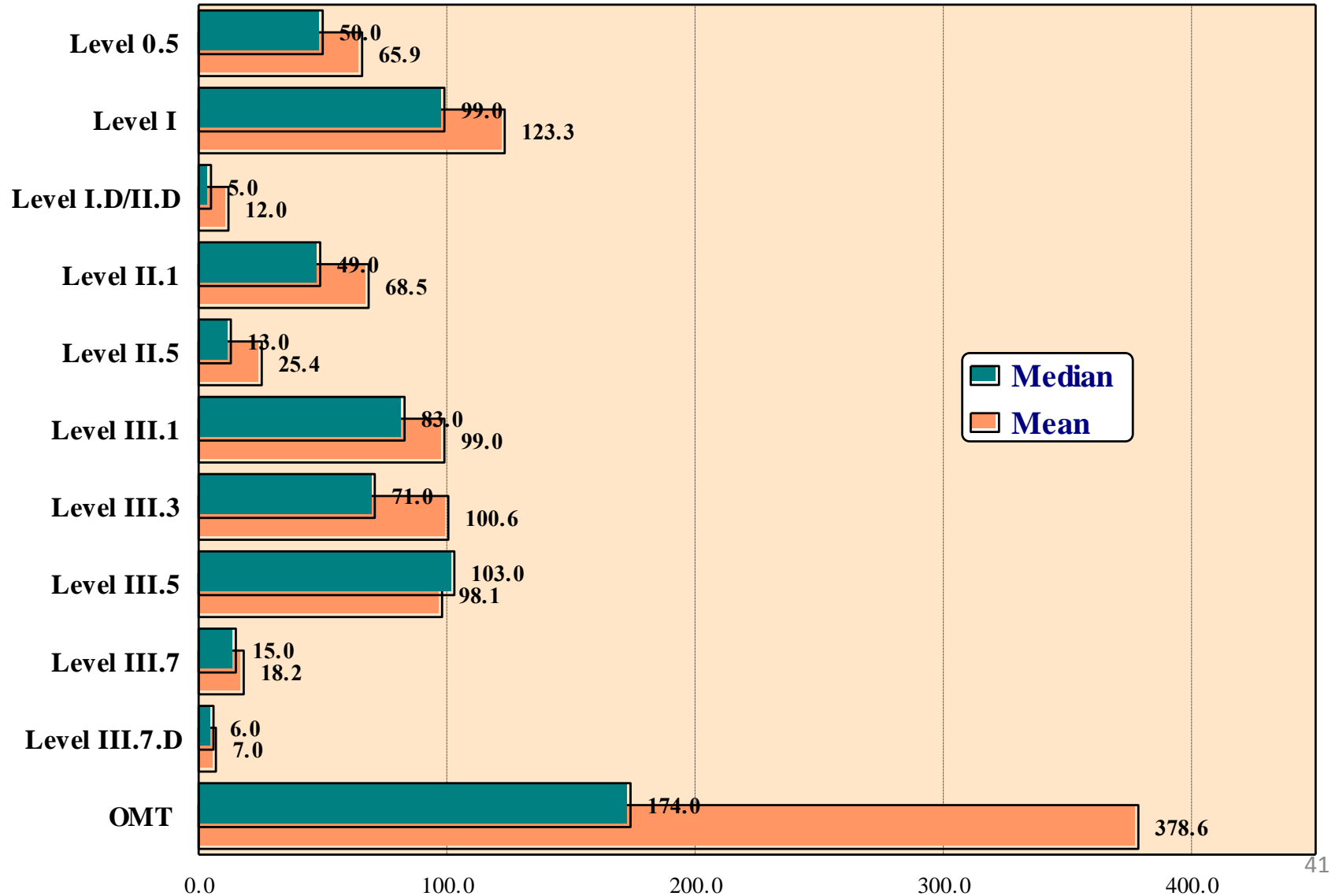
■ Mental-Health Problem  
■ None Indicated

# Reason for Discharge from State-Supported Substance Use Disorder Treatment Program FY 2013

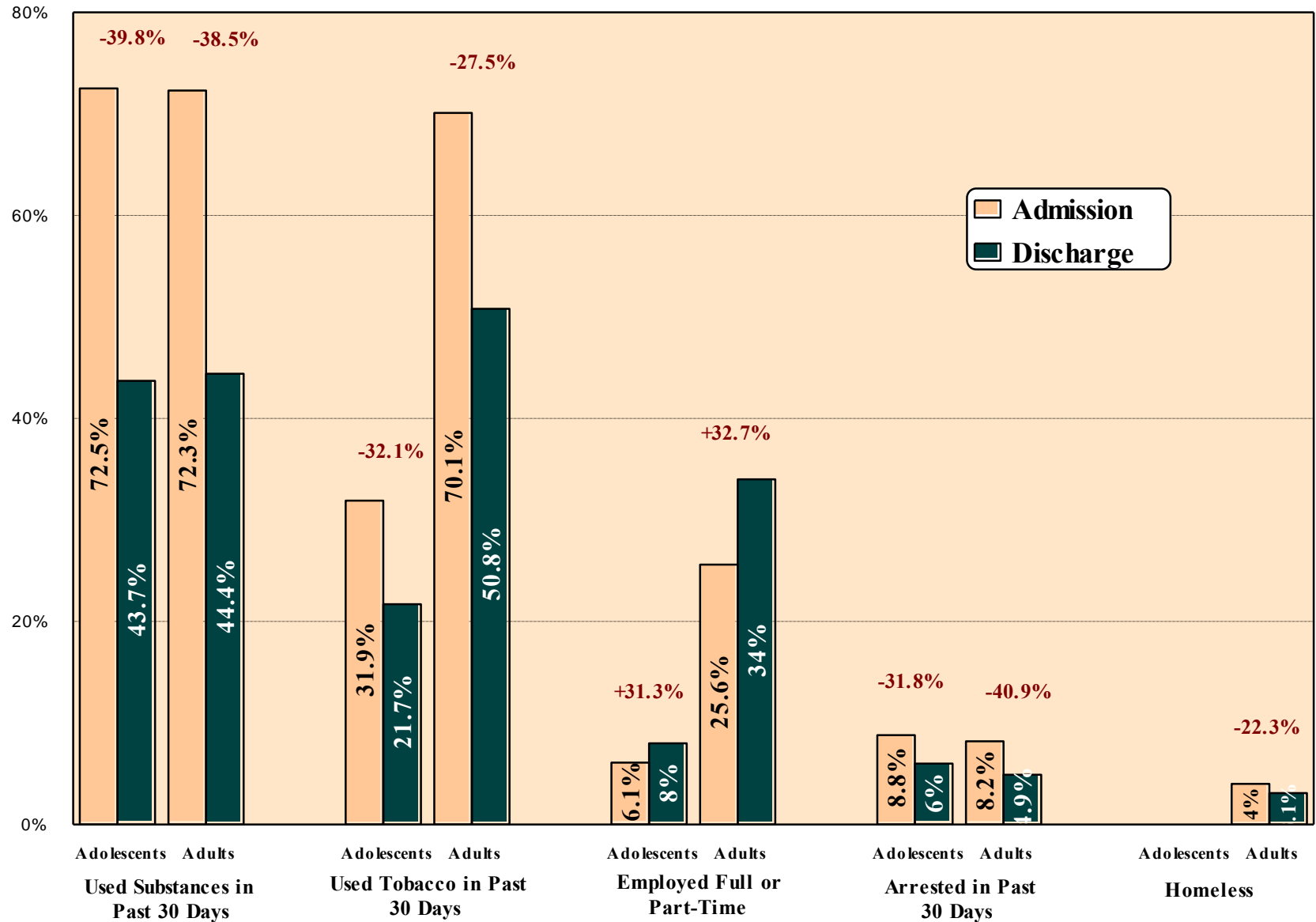


N = 39,669

# Median and Mean Length of Stay (Days) for Dis-Enrollments from State-Supported Substance Use Disorder Treatment Programs FY 2013

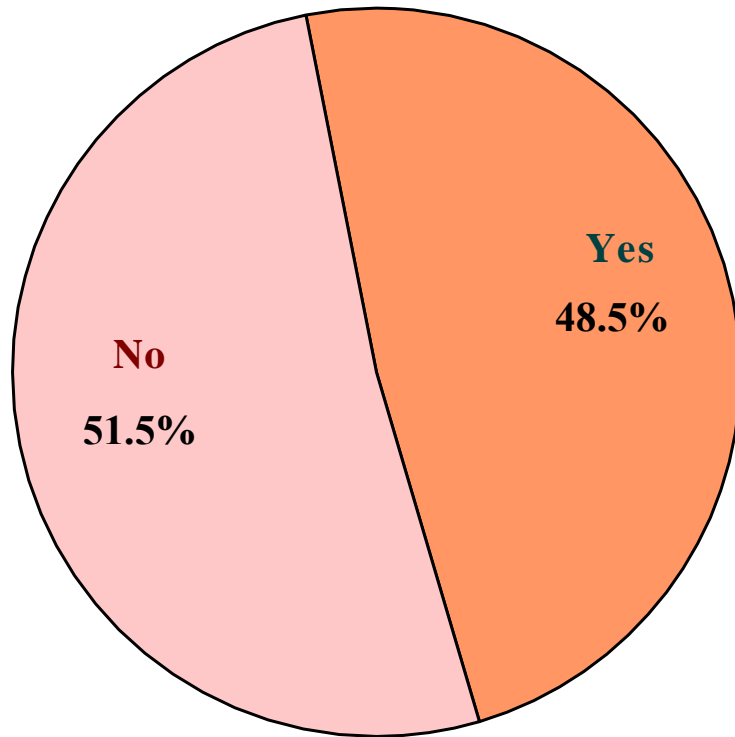


# **Adolescent and Adult Substance Use, Tobacco Use, Employment, Arrest and Homelessness Percentage Outcomes** **Discharges from State-Supported Substance Use Disorder Treatment Programs** **2013**

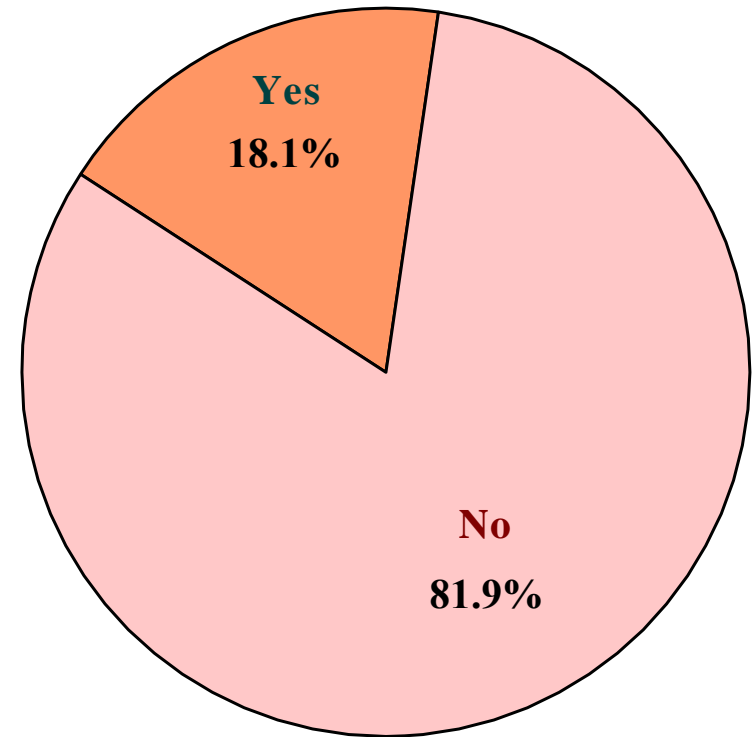


Note: Discharges from detoxification and short-term residential treatment are excluded.

**Mental-Health Treatment Received\* during Substance Use Disorder Treatment  
Episode by Patients Discharged from State-Supported  
Substance Use Disorder Treatment Programs  
FY 2013**



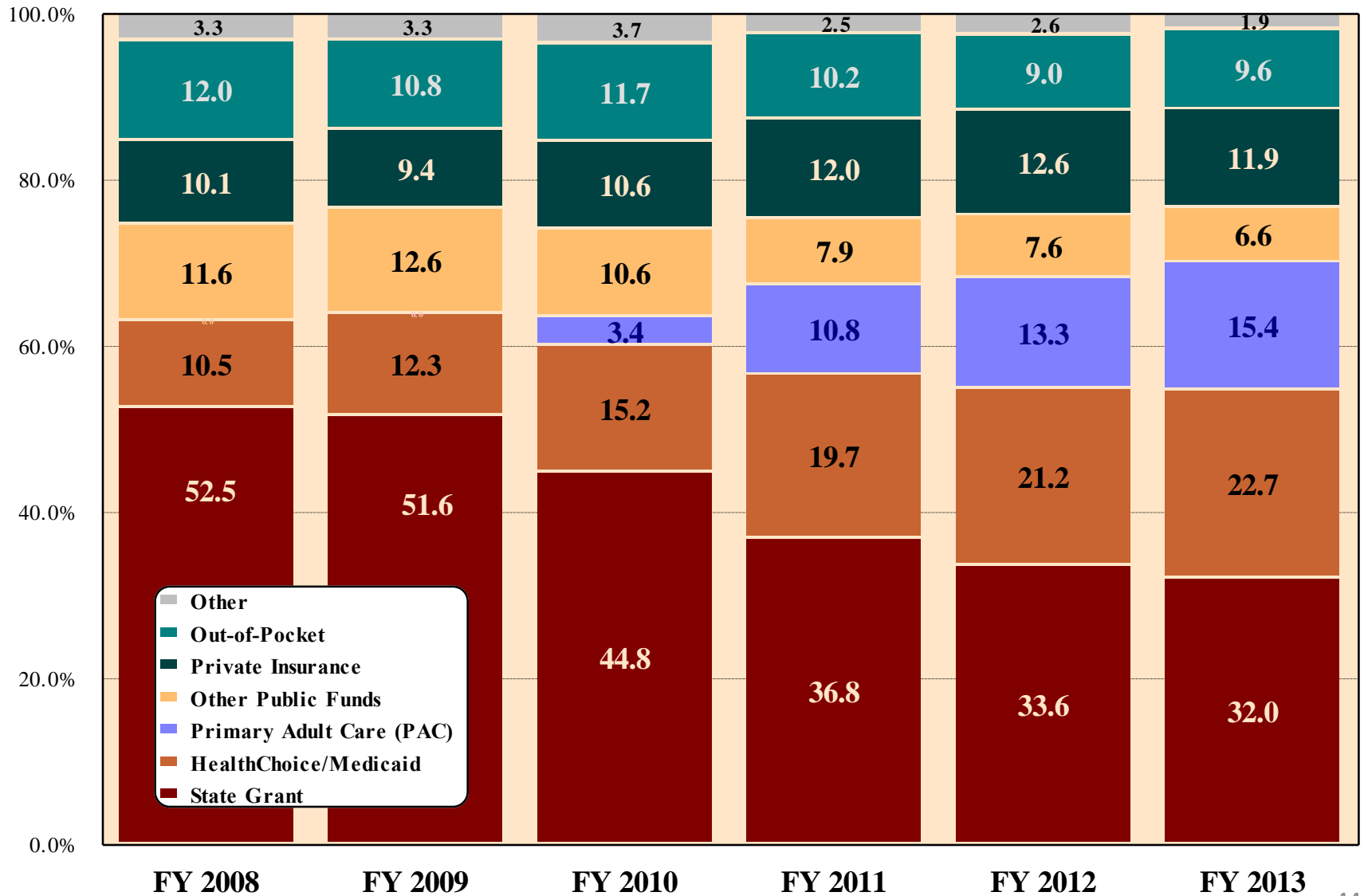
**Mental-Health  
Problem at  
Admission  
N = 17,371**



**No Mental-Health  
Problem at Admission  
Indicated  
N = 22,298**

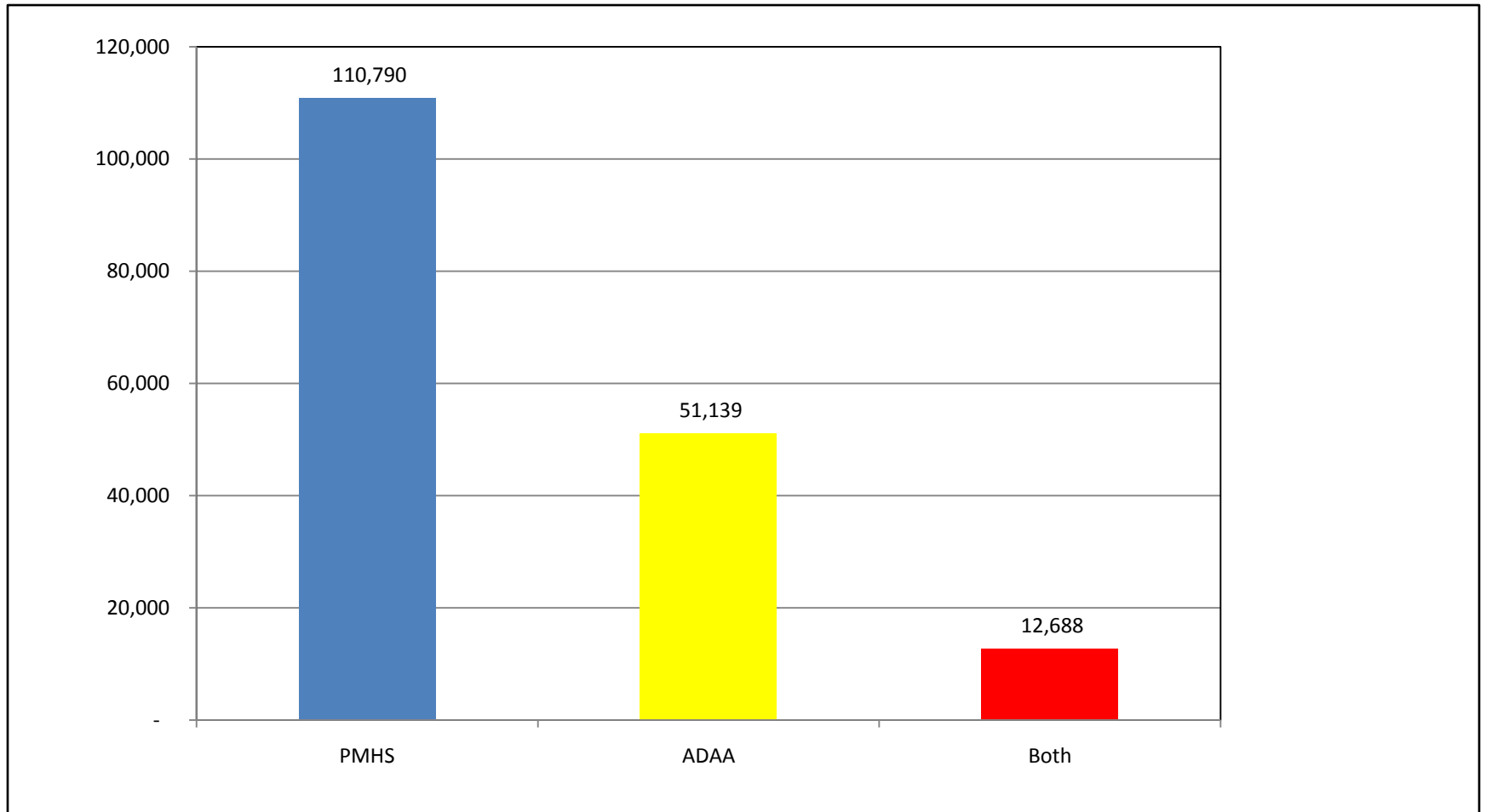
\*Either within or outside the SUD treatment program

# Primary Source of Payment for Discharges from State-Supported Substance Use Disorder Treatment Programs FY 2008 to FY 2013



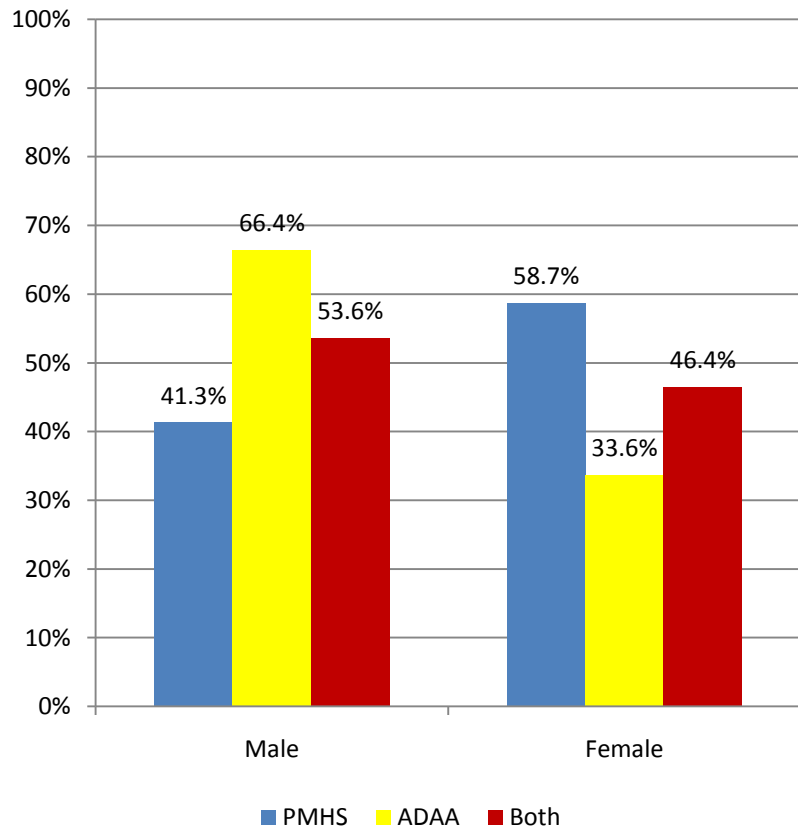
Characteristics and Service Usage  
Alcohol and Drug Abuse Administration  
Mental Hygiene Administration  
Consumers in Common  
Ages 15 and over  
Fiscal Year 2013 Data Sets

# Consumers in PMHS, ADAA, and Both

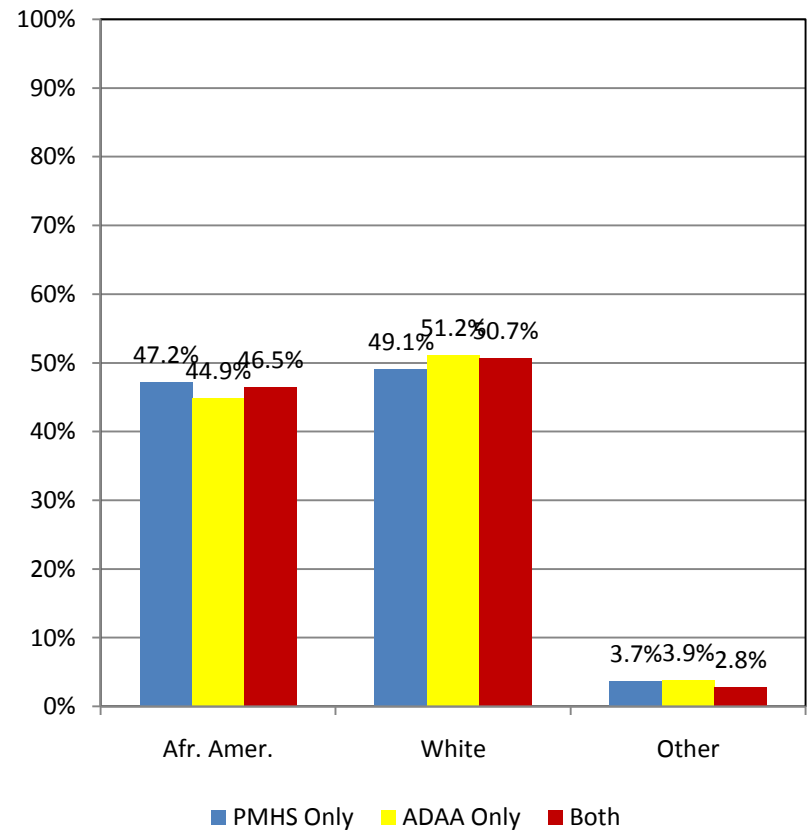


# Consumers in PMHS, ADAA, and Both

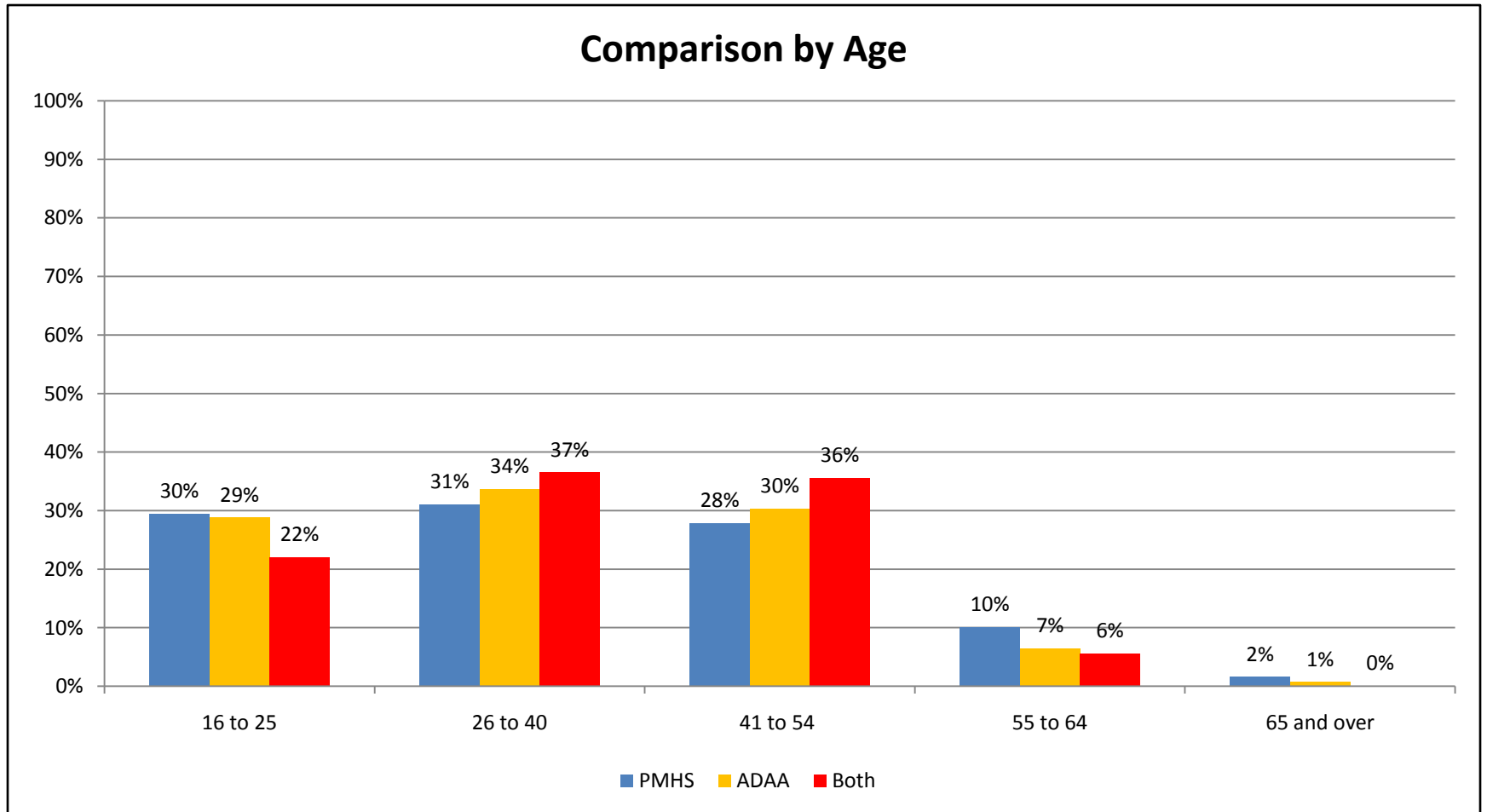
## Comparison by Gender



## Comparison by Race



# Consumers in PMHS, ADAA, and Both



# Consumers in PMHS, ADAA, and Both

